

Northwest Orthopaedic Surgeons, P.S.

Application for Employment

This Company does not discriminate in hiring or employment on the basis of race, religion, color, sex, age, national origin, ancestry, mental or physical handicap or disability, veteran or Vietnam era status. No question on this application is intended to secure such information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply or guarantee that the applicant will be employed. This application will be kept on file for 90 days, after which, it will become inactive. You may reapply by submitting another application at a later date. The Company does not hire smokers. Please do not apply for employment if you smoke.

P E R S O N A L D A T A	Last Name		First	Middle	Application Date
	Present Street Address				Home Phone () -
	City, State, Zip Code				Business Phone () -
	Have you ever worked for us or applied for employment with us before? () Yes () No If yes, when?				Social Security Number
	Position Desired (application will be kept on file for 90 days) 1) 2)				Starting Salary Expected
	Will anything prevent you from working full time? () Yes () No Are you currently on layoff status or subject to recall? () Yes () No				Will you work overtime if needed? () Yes () No
	Are you over age 18? () Yes () No		Do you have a right to work in the U.S.? () Yes () No		Schedule Desired
	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____				
	Have you been convicted of a felony within the past five years? (An affirmative response will not automatically disqualify you from being a candidate for employment.) <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain the circumstances on the back of this form.				
	Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, or if accommodations are required, please explain on back of this form.				

E D U C A T I O N		Elementary School	High School	College/University	Graduate/Professional
	School Name and Location				
	Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4 5 6
	Diploma/Degree				
	Describe Course of Study				

R E F E R E N C E S	Name and occupation (work references preferred; no relatives)		Address/Phone
	1)		
	2)		
	3)		
	4)		

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Work history (include volunteer and military experience) must be completed by applicant.

CURRENT JOB	Are you currently employed?			
	Employer	Manager's Name	Phone #	May we contact? () Yes () No
	Address (Street, City, State, Zip)		Dates Employed (mo./yr.) / TO /	Starting & Ending salary/wage
	Job Title		Hours per Week	() Hour () Week () Month () Annual
	Job Duties			Date of Last Increase
				Incentive Earnings () Yes () No
Reason for leaving or seeking change of position.			Average Annual Earnings	

1st PREVIOUS	Employer			
	Employer	Manager's Name	Phone #	May we contact? () Yes () No
	Address (Street, City, State, Zip)		Dates Employed (mo./yr.) / TO /	Starting & Ending salary/wage
	Job Title		Hours per Week	() Hour () Week () Month () Annual
	Job Duties			Date of Last Increase
				Incentive Earnings () Yes () No
Reason for leaving or seeking change of position.			Average Annual Earnings	

2nd PREVIOUS	Employer			
	Employer	Manager's Name	Phone #	May we contact? () Yes () No
	Address (Street, City, State, Zip)		Dates Employed (mo./yr.) / TO /	Starting & Ending salary/wage
	Job Title		Hours per Week	() Hour () Week () Month () Annual
	Job Duties			Date of Last Increase
				Incentive Earnings () Yes () No
Reason for leaving or seeking change of position.			Average Annual Earnings	

3rd PREVIOUS	Employer			
	Employer	Manager's Name	Phone #	May we contact? () Yes () No
	Address (Street, City, State, Zip)		Dates Employed (mo./yr.) / TO /	Starting & Ending salary/wage
	Job Title		Hours per Week	() Hour () Week () Month () Annual
	Job Duties			Date of Last Increase
				Incentive Earnings () Yes () No
Reason for leaving or seeking change of position.			Average Annual Earnings	

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Military Service (Including Reserves/National Guard)

M I L I T A R Y	Branch	Grade or Rank	Dates in Service (mo./yr.) / TO /
	Nature of Duty or Training		
	Current Status	Other Information	

A C T I V I T I E S & E X P E R I E N C E S	<p>List any professional, trade, business or civic activities and offices held. Also list achievements or other special skills not mentioned elsewhere in this application that relate to the position(s) for which you are applying. You may exclude any references which would reveal race, religion, national origin, age, ancestry, disability or other protected status.</p>
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G E N E R A L I N F O R M A T I O N	<p>Add any other information you feel is pertinent. For example, you may summarize your overall experience and relate it to your career goals. Use a separate page if more space is required.</p>
<p>All applicants are asked to submit to a criminal background check. If you agree to the background check please submit your date of birth for verification purposes. <u> </u> / <u> </u> / <u> </u> Mo Day Year</p>	

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O T H E R	Emergency Contact (name/relationship)	Phone (Work/Home)
	1)	
	2)	
	3)	

Please Read Carefully Before Signing

T E R M S O F E M P L O Y M E N T	<p>I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand, that if employed, any misstatements or omissions of fact on this application shall be cause for my dismissal.</p>
	<p>I understand that nothing contained in this employment application, the granting of an interview or any Company policies, procedures or handbooks that I might receive are intended to create an employment contract between the Company and myself for either employment or the provision of any benefit. In the event of my employment with the Company, I will comply with the rules and regulations as set forth in the Company handbook and other communications distributed to all employees. My employment, if hired, will be "at will" and can be terminated, with or without cause or notice, at any time at the option of either the Company or myself. This "at will" relationship may not be changed in writing or conduct unless by the Administrator.</p>
	<p>I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with a legal and proper interest. Such information may consist of performance, discipline, attendance or other information about my employment. I waive any claim against the Company for providing such information to others. I also waive any liability against the Company for relying on such information from others.</p>
	<p>Former employers and educational institutions are authorized to give Company information about me. I hereby release them from all liability for releasing such information as part of the reference checking process.</p>
	<p>I understand and acknowledge that employment may be conditional upon a favorable health evaluation which may include a physical examination to verify the ability to perform the essential job functions with or without accommodation and a chemical screening (at the employee expense, to be reimbursed if the drug screen results are negative) for controlled substances, mind altering drug use or other substances which can adversely alter work performance and that future chemical screening may be required after employment.</p>
	<p>The Company may also exercise its right to search Company property, including but not limited to desks, cabinets, lockers and other property when the situation warrants such inspection.</p>
	<p>The Company requires all new employees to participate in it's payroll auto-deposit program. As a health care provider, the Company does not hire employees who smoke. Are you a cigarette, cigar or pipe smoker? () Yes () No</p>
	<p>All discoveries, inventions, patents, software developed, processes, ideas, or books developed or improved by me during my term of employment will be the sole and exclusive property of the Company.</p>
	<p>Any injury to me or death in connection with my employment shall be subject to workers' compensation laws. I waive for myself, my heirs and representatives, all actions at law against the Company for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am employed at the time of such injury or death.</p>
	<p>I hereby acknowledge the I have read the above statements and understand what I have read.</p>

Employee's Signature	Today's Date
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