

MIDWEST ORTHOPAEDICS, P.A.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Drug screen required prior to employment.

(PLEASE PRINT)

| | | | |
|---|--------|-----------------------------------|--------------|
| Position(s) applied for: | | Date of application: | |
| How did you learn about us? | | | |
| <input type="radio"/> Advertisement | | <input type="radio"/> Friend | |
| <input type="radio"/> Employment agency | | <input type="radio"/> Walk-In | |
| | | <input type="radio"/> Relative | |
| | | <input type="radio"/> Other _____ | |
| Last name: | | First name: | Middle name: |
| Address: Number | Street | City | State |
| | | | Zip code |
| Telephone Number(s) | | Social Security Number | |
| | | | |

Have you ever filed an application with us before?
If yes, give date

Yes No

Have you ever been employed with us before?
If yes, give date

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration status?

Yes No

Proof of citizenship or immigraton status will be required upon employment.

On what date would you be available to work?

Are you available to work: Full time Part time

Temporary

Are you currently on "lay-off" status and subject to recall

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

We are an equal opportunity employer

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|---------------------|------------|--------------------|-------|----------------|
| 1. Employer | | Dates Employed | | Work performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |
| 2. Employer | | Dates Employed | | Work performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |
| 3. Employer | | Dates Employed | | Work performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |
| 4. Employer | | Dates Employed | | Work performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

| |
|---|
| List professional, trade, business or civic activities and offices held. _____ |
|---|

Education

| | Name and Address Of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

| Indicate any foreign languages you can speak, read and/or write. | | | |
|--|--------|------|------|
| | Fluent | Good | Fair |
| Speak | | | |
| Read | | | |
| Write | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized skills:

Check skills/Equipment operated

PC _____

SOFTWARE _____

OTHER _____

State any additional information you feel may be helpful to us in considering your application.

References:

1.

_____ (name) _____ (phone including area code)

_____ (address)

2.

_____ (name) _____ (phone including area code)

_____ (address)

3.

_____ (name) _____ (phone including area code)

_____ (address)

