

PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT SIGNATURE



EMPLOYMENT APPLICATION

Please notify in advance if you require special disability accommodations to participate in the employment process.

*****ALL INFORMATION YOU SUBMIT IS SUBJECT TO VERIFICATION*****

POSITION APPLIED FOR

Position applied for: _____ ☐ Full Time ☐ Part Time ☐ Per Diem

Date Available: _____ Minimum Accepted Salary: \$ _____ ☐ Hourly ☐ Annually

Are you able to travel if job requires it? ☐ Yes ☐ No Are you available to work overtime? ☐ Yes ☐ No

How did you hear about us: ☐ Newspaper Ad ☐ Walk In ☐ Internet ☐ Other: *specify:* _____

HOW DO WE CONTACT YOU?

Name: _____
Last Middle First

Address: _____
Number Street City State Zip Code

Telephone: (H) (____) _____ Cellular: (____) _____ Social Security: _____ - _____ - _____

Email: _____

LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA

Do you have the legal right to be employed in the United States? ☐ Yes ☐ No

If an offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.

BACKGROUND INFORMATION

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation:

Please note that a conviction does not necessarily disqualify an applicant from employment. "Conviction" includes sentenced to confinement, payment of fines, court orders, time served, and probation.

MILITARY BACKGROUND

Have you ever been in the armed forces? ☐ Yes ☐ No Are you a member of the National Guard? ☐ Yes ☐ No

Date of Entrance: _____ Date of Discharge: _____ Type of Discharge: _____

Have you been employed by The Center for Bone and Joint Surgery of the Palm Beaches? ☐ Yes ☐ No

If yes, please state employment dates: _____

Do you have any relative(s) currently working here? ☐ Yes ☐ No

If yes, please list names: _____

EMPLOYMENT HISTORY

1. Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Job Title: _____ Supervisor's Name: _____

Hours Per Week: _____ Salary: _____

Was Your Name Different During Employment: _____

From: ____/____/____ To : ____/____/____

Duties and Responsibilities:

Reason for Leaving: _____

2. Name of Employer: _____

Address: _____ Phone No.: (____) _____

Job Title: _____ Supervisor's Name: _____

Hours Per Week: _____ Salary: _____

Was Your Name Different During Employment: _____

From: ____/____/____ To : ____/____/____

Duties and Responsibilities:

Reason for Leaving: _____

3. Name of Employer: _____

Address: _____ Phone No.: (____) _____

Job Title: _____ Supervisor's Name: _____

Hours Per Week: _____ Salary: _____

Was Your Name Different During Employment: _____

From: ____/____/____ To : ____/____/____

Duties and Responsibilities:

Reason for Leaving: _____

PROFESSIONAL REFERENCES

1. Name: _____ Phone: _____ Occupation: _____ Years Known: _____
2. Name: _____ Phone: _____ Occupation: _____ Years Known: _____
3. Name: _____ Phone: _____ Occupation: _____ Years Known: _____

May we contact your present employer? ☐ Yes ☐ No

Have you ever held a position of trust (handling money or confidential information?) ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No If not, who did? _____

LICENSES OR CERTIFICATIONS

Number	Date Received	Expiration Date	State	Licensing Agency
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EDUCATION

Name and Location	Field of Study	Degree	Year Graduated
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High School: _____ n/a _____

College: _____

Graduate School: _____

Other: _____

APPLICATION FORM WAIVER

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of *The Center for Bone and Joint Surgery of the Palm Beaches* or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / Practice Administrator of the company. Both, the undersigned and *The Center for Bone and Joint Surgery of the Palm Beaches* may end the employment relationship at any time, without specified notice or reason. If employed, I understand that *The Center for Bone and Joint Surgery of the Palm Beaches* may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. *The Center for Bone and Joint Surgery of the Palm Beaches* may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulation of *The Center for Bone and Joint Surgery of the Palm Beaches*.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give *The Center for Bone and Joint Surgery of the Palm Beaches* permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release *The Center for Bone and Joint Surgery of the Palm Beaches* from any liability as a result of such contract.

I also understand that (1) *The Center for Bone and Joint Surgery of the Palm Beaches* has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, The Center for Bone and Joint Surgery of the Palm Beaches may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, The Center for Bone and Joint Surgery of the Palm Beaches will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with *The Center for Bone and Joint Surgery of the Palm Beaches* shall be introductory for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with *The Center for Bone and Joint Surgery of the Palm Beaches* is terminable at will for any reason by either party.

The Center for Bone and Joint Surgery of the Palm Beaches may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature of Applicant: _____

Date: _____

The Center for Bone and Joint Surgery of the Palm Beaches is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The Center for Bone and Joint Surgery of the Palm Beaches depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.