



ARLINGTON ORTHOPEDIC ASSOCIATES, P.A.

APPLICATION FOR EMPLOYMENT

Arlington Orthopedic Associates, P.A. (the "Company") is committed to providing equal access to programs, services and employment to all persons. Those applicants requiring reasonable accommodations during the application and/or interview process should contact a representative of the Company's Human Resources Department.

The Company is an equal opportunity employer and will not base hiring decisions on race, color, sex, national origin, religion, disability, age or any other characteristic protected by applicable federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state, or local law.

It is the Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as provided under the Americans with Disabilities Act or other applicable laws.

PLEASE PRINT YOUR RESPONSES BELOW. YOU MUST COMPLETE ALL INFORMATION ON THIS APPLICATION FOR EMPLOYMENT. DO NOT INDICATE "SEE RESUME."

PLEASE NOTE: PEOPLE WHO USE TOBACCO PRODUCTS OF ANY KIND NEED NOT APPLY. THIS PERTAINS TO CIGARETTES, CIGARS, CHEWING TOBACCO, AND E-CIGARETTES.

Position applied for _____ Date ____/____/____

Name _____ Social Security Number _____

Address _____
Street/Apt. City State Zip Code

Telephone _____ - _____ - _____ Alternate Telephone _____ - _____ - _____

Please list any other addresses where you have lived during the past 5 years: _____

To assist the company in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in school under a name other than that used on this application, and if so, please specify the name: _____

If you are under 18, can you furnish a work permit? **YES NO I AM NOT UNDER 18**

Have you every applied for a position at this company before? **YES NO If yes, when? _____**

Have you ever worked for this company before? **YES NO If yes, when? _____**

Are you legally authorized to work in this country? **YES NO**

Have you ever pled "guilty" or "no contest" to or been convicted of a felony within the past 7 years? **Y N**
(Any such convictions may be relevant if job-related, but may not necessarily bar you from consideration for employment.) If yes, please explain: _____

WORK EXPERIENCE

List your present and past work experience for the past 10 years, starting with the most recent. You may include volunteer activities. Explain any gaps. Attach an additional sheet, if needed. Please do not indicate, "see resume."

MONTH & YEAR STARTED _____ MONTH & YEAR ENDED _____

COMPANY _____ PHONE _____

COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR _____ SUPERVISOR'S TITLE _____

POSITION _____ (Circle one): **Full-time** **Part-time**

DUTIES AND RESPONSIBILITIES _____

SALARY: STARTING _____ ENDING _____ (Circle): **Hourly** **Salaried** **Commission**

REASON FOR LEAVING _____

MONTH & YEAR STARTED _____ MONTH & YEAR ENDED _____

COMPANY _____ PHONE _____

COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR _____ SUPERVISOR'S TITLE _____

POSITION _____ (Circle one): **Full-time** **Part-time**

DUTIES AND RESPONSIBILITIES _____

SALARY: STARTING _____ ENDING _____ (Circle): **Hourly** **Salaried** **Commission**

REASON FOR LEAVING _____

MONTH & YEAR STARTED _____ MONTH & YEAR ENDED _____

COMPANY _____ PHONE _____

COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR _____ SUPERVISOR'S TITLE _____

POSITION _____ (Circle one): **Full-time** **Part-time**

DUTIES AND RESPONSIBILITIES _____

SALARY: STARTING _____ ENDING _____ (Circle): **Hourly** **Salaried** **Commission**

REASON FOR LEAVING _____

Date available to begin work: _____ / _____ / _____

Type of employment desired: () Full-Time () Part-time () Temporary

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? **YES** **NO**

Are you a veteran of the United States military service? **YES** **NO**

If yes, please state branch of service: _____

Driver's license number (Only of job applied for requires use of automobile in daily tasks):
_____ Expiration Date _____ State _____

Are you presently employed? **YES** **NO** If yes, may we contact your current employer? **YES** **NO**

How did you learn about our employment opportunities (check one): Newspaper _____
The Company's Internet site _____ Other Internet site (name) _____ Employee referral _____
Other (name) _____

EDUCATIONAL BACKGROUND

Name and Location	Number of Years Completed	Did you Graduate?	Course of Study	Degree Earned (or Equivalent)
High School				
College				
Other (i.e., Trade, Professional, or Graduate School)				

REFERENCES

List at least three business/work/professional references who are not relatives. If no business/work/professional history, list three school or personal references who are not relatives.

Name	Company	Address and Telephone Number

I hereby certify that the information contained on this application, or any other information I submit to the Company in connection with my application for employment, is true and correct to the best of my knowledge and agree to have any such statements or information checked by the Company. I authorize the Company to make a thorough investigation of my references, past employment, educations, criminal background, and to secure additional job-related information about me. I also authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application, or any other information I submit to the Company in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, I understand that it will be necessary for me to complete a new application.

I understand that if I am hired by the Company, my employment will be “at-will” and, just as I will be free to resign at any time, the Company reserves the rights to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee or representative of the Company has any authority to enter into a contract of employment, express or implied, that changes or modifies in any way such employment at-will.

Signature of Applicant _____ **Date** ____/____/____