

Seivert Orthopedics & Sports Medicine, P.C. Employment Application

Please place your driver's license
photocopy here!

Last Name, First Name

Signature

Date

-
- Please fill out the following application in entirety.
 - Any additional information (a resume, c.v., personal statement, etc.) may be sent in addition to the application.
 - Attach a photocopy of your state driver's license in the space provide above.
 - Either deliver the application in person or send it via fax. The address and fax number may be found below.

Please remember that filling out this application is not a guarantee of interview or employment.

EMPLOYMENT APPLICATION

PERSONAL DATA – Complete all areas

Name _____ Social Security # _____

Present Address _____
 Street _____ City _____ State/Zip _____

Home Phone _____ Cell Phone _____

Previous Address _____
 Street _____ City _____ State/Zip _____

Position Applied for _____

Date Available for Employment _____ Salary Desired _____

Would you accept another position? Yes No

Are you willing to work overtime (Over 40 Hours a week)? Yes No

Indicate Applicable Work Skills

Typing _____ wpm

Shorthand _____ wpm

Keypunch _____ sph

Work Processor _____

Transcription _____

Other _____

Are you applying for full time or part time ?

How were you referred to this organization? _____

Do you have any relatives working for this organization? yes no

If yes, name _____ department _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? yes no

Are you older than 18? yes no

Present state of health _____

Do you have any commitments to another employer that might affect your employment with us? yes no

If yes, explain _____

Since reaching the age of 18, have you ever been convicted of a misdemeanor or felony? (Note: convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for) yes no

If yes, explain _____

Military Service? yes no If yes, from _____ to _____

Branch of Service? _____ Highest Rank Obtained _____

In an emergency, notify Name _____ Telephone # _____

EDUCATION – Complete all areas

School	Name and Address	Course of Study	Last year Completed?	Did you graduate?	Diploma/Degree & Year
High School				Yes No	
College				Yes No	
College				Yes No	
Technical, Business, or Professional				Yes No	

PROFESSIONAL LISCENSES/CERTIFICATIONS

Type	State	Exp. Date	Registration #

PREVIOUS EXPERIENCE – Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

Job Title _____ From _____ To _____ \$ _____
 Employer Name & Address _____
 Telephone _____ Supervisor _____
 Duties _____
 Reason for Leaving _____

Job Title _____ From _____ To _____ \$ _____
 Employer Name & Address _____
 Telephone _____ Supervisor _____
 Duties _____
 Reason for Leaving _____

Job Title _____ From _____ To _____ \$ _____
 Employer Name & Address _____
 Telephone _____ Supervisor _____
 Duties _____
 Reason for Leaving _____

REFERENCES

May we run an employment check from the employers listed above? Yes No

Has notice been given to present employer? Yes No

Is there any additional information relative to change in name necessary to check your work history? Yes No

If yes, explain. _____

Please list references (not relatives or employers) to contract who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone
1.				
2.				
3.				

REMARKS

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that my employment can be terminated with or without cause at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive officer of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), and previous employers and organization named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date