

**PLEASE READ THESE INSTRUCTIONS BEFORE BEGINNING:** Do not use pencil, complete this form in ink in your own handwriting, or type. Furnish all requested information by filling in/answering all of the questions. Do not leave any blanks empty; indicate "NA" when not applicable. **Bone & Joint Clinic, S.C. is an "Equal Opportunity Employer."**

**Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of The Bone & Joint Clinic.**

<b>PERSONAL DATA</b>	NAME (LAST, FIRST, MI)		TODAY'S DATE	
	IF PAST EMPLOYMENT OR EDUCATION RECORDS ARE UNDER ANOTHER NAME, PLEASE STATE THAT NAME		Current Telephone Number	
	CURRENT ADDRESS (INCLUDE STREET, CITY, STATE AND ZIP CODE)		E-Mail Address	
	ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you are under 18, a work permit is required)		Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER SERIOUS CRIME? If "yes", please provide dates and details. (Answering "yes" does not constitute an automatic bar to employment and will be considered only as it relates to the position in which you are applying.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
	IN THE PAST 3 YEARS, HAVE YOU USED ANY NARCOTICS, AMPHETEMINES, OR BARBITUATES, OTHER THAN THOSE PRESCRIBED TO YOU BY A PHYSICIAN? Yes <input type="checkbox"/> No <input type="checkbox"/> (Prior drug use will not disqualify you from consideration if you have been rehabilitated and are not currently using illegal drugs.)			
	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	REFERRAL SOURCE: <input type="checkbox"/> Advertisement <input type="checkbox"/> Bone & Joint Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Internet/Website <input type="checkbox"/> Other: _____			
	POSITION(S) FOR WHICH YOU ARE APPLYING			
	SALARY/WAGE DESIRED		TYPE OF EMPLOYMENT YOU SEEK <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>		DIPLOMA OR DEGREE RECEIVED	COURSE OF STUDY
	High School	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Address		
	College	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Address		
	Other College, Technical, Business, Graduate or Special Military Training	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address				

*Please attach additional paper if you need more space to give your complete education history.*

Please list your complete employment history, *starting with the most current or most recent employer*, including any periods of military service, summer or seasonal employment, self-and/or unemployment. Please attach additional paper if you need more space to give your complete employment history.

**NOTICE:** If your resume is provided as a supplement to this Application form, this page/entire section still needs to be completed (even though some of this information may already be included in your resume).

<b>EMPLOYMENT HISTORY</b>	FROM	TO	EMPLOYER	TELEPHONE NO. (       )	
	JOB TITLE		ADDRESS		
	IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
	Reason for leaving			Hourly rate/salary?	
	FROM	TO	EMPLOYER	TELEPHONE NO. (       )	
	JOB TITLE		ADDRESS		
	IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
	Reason for leaving			Hourly rate/salary?	
	FROM	TO	EMPLOYER	TELEPHONE NO. (       )	
	JOB TITLE		ADDRESS		
	IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
	Reason for leaving			Hourly rate/salary?	
	FROM	TO	EMPLOYER	TELEPHONE NO. (       )	
	JOB TITLE		ADDRESS		
	IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
	Reason for leaving			Hourly rate/salary?	
FROM	TO	EMPLOYER	TELEPHONE NO. (       )		
JOB TITLE		ADDRESS			
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Reason for leaving			Hourly rate/salary?		

## LICENSES/CERTIFICATIONS & SKILLS

LIST ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING:

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CLERICAL APPLICANTS - LIST ALL OFFICE EQUIPMENT (e.g. HARDWARE/SOFTWARE) YOU HAVE OPERATED:

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## REFERENCES

Please list name and telephone number of three (3) business/work references who are NOT related to you

NAME (FIRST, LAST)	OCCUPATION	RELATIONSHIP	TELEPHONE NO. ( )	NO. OF YEARS KNOWN
NAME (FIRST, LAST)	OCCUPATION	RELATIONSHIP	TELEPHONE NO. ( )	NO. OF YEARS KNOWN
NAME (FIRST, LAST)	OCCUPATION	RELATIONSHIP	TELEPHONE NO. ( )	NO. OF YEARS KNOWN

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Bone & Joint Clinic is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Clinic's service, whenever it is discovered.

I expressly authorize, without reservation, Bone & Joint Clinic, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Bone & Joint Clinic does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and Bone & Joint Clinic reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Bone & Joint Clinic is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Bone & Joint Clinic's President.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_