

Lincoln Orthopaedic Center, P.C.

Application for Employment

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law. This application will be considered active for 1 year following the date noted below.

Personal Information

Date _____

Name _____
Last First Middle Previous Name(s) _____

Present Address _____
Street City State ZIP

Phone Number (____) _____ Alternative or Work Phone (____) _____

Email Address _____

Have you ever been employed by LOC before? Yes No Are you 18 years or older? Yes No

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Have you ever been convicted of, or plead guilty/not guilty/no contest to a misdemeanor or a felony? Yes No

If yes, please explain: _____

If applicable, have you had final deposition for the misdemeanors or felonies noted above? Yes No

Employment Desired

Position _____ Date you can start _____ Salary desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you applied to this company within the past 12 months? Yes No When? _____ Where? _____

How did you hear about our company? _____

Education

	Name & Location	Number of years completed	Did you graduate?	Subject(s) studied & Degree(s) received
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have any relatives or friends currently working for LOC? If so, please list each person and their relationship to you:

Employment History (Please list your last three employers, beginning with the last one first.)

From ___ / ___ / ___ To ___ / ___ / ___ Employer _____ Supervisor _____
 Employer Address _____ Telephone Number () _____
 Position _____ Wage/Salary _____ Reason for Leaving _____

From ___ / ___ / ___ To ___ / ___ / ___ Employer _____ Supervisor _____
 Employer Address _____ Telephone Number () _____
 Position _____ Wage/Salary _____ Reason for Leaving _____

From ___ / ___ / ___ To ___ / ___ / ___ Employer _____ Supervisor _____
 Employer Address _____ Telephone Number () _____
 Position _____ Wage/Salary _____ Reason for Leaving _____

Professional References (Must not be related to you.)

Name	Address	Telephone	Relationship to You

Please list any additional information you would like us to consider (i.e. specialized skills, certifications, etc.):

I certify that all information given by me on this application is true and complete. I understand that any false information, omissions, or misrepresentations discovered on this application or during interviews will disqualify me from further consideration, and if hired, will constitute grounds for immediate dismissal.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the U.S.A.

Disclaimer

I understand that nothing in this employment application or in my communications with any LOC official is intended to create an employment contract between LOC and myself. I understand that LOC has the right to modify its policies without giving me any notice of the change(s). I understand that if any employment relationship is established, I have a right to terminate my employment at any time. I also understand that LOC retains the right to terminate my employment at any time. A copy of this document, whether in print or electronic, shall be as valid as the original.

I certify that I have read, fully understand, and accept all the terms of the employment application.

Applicant Signature	Date
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Lincoln Orthopaedic Center, P.C.

Authorization and Release

In consideration of Lincoln Orthopaedic Center, P.C.'s evaluation of my suitability for employment, I authorize the Company to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates, former employers or other individuals that the Company, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims or causes of action of any kind against the Company, its agents, its employees, or any individual contacted by the Company, arising out of the Company's investigation. I further release and forever discharge the Company, its agents, its employees, and the individuals and companies contacted by the Company as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's investigation of my credentials. I acknowledge that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation. A copy of this document, whether in print or electronic, shall be as valid as the original.

Applicant Name (signature)

Date: _____

Applicant Name (printed)