

MIDWEST ORTHOPAEDIC CENTER, S.C.
Employment Application



An Equal Opportunity Employer
Reasonable accommodation will be provided as required by law.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE

I certify that all of the information given by me on this Application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements on this Application or supplemental forms are sufficient cause for my dismissal if I am hired.

I acknowledge that Midwest Orthopaedic Center reserves the right to require tests for alcohol and drugs during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my test results to release such information to Midwest Orthopaedic Center. Test results with a positive outcome will result in termination of employment.

I understand that should I be employed by Midwest Orthopaedic Center, my employment is "at will". "At will" means that either party may end the relationship at any time for any reason, with or without notice. There is no promise or guarantee of employment or that my employment will continue for any specific period of time.

I understand that that any verbal discussions about my employment by Midwest Orthopaedic Center representatives are not binding upon Midwest Orthopaedic Center. My eligibility for specific terms and conditions of employment must be confirmed in writing by a duly authorized Midwest Orthopaedic Center representative.

I understand that Midwest Orthopaedic Center may contact past employers, educational institutions and references for verification of the information listed in this Application, or provided by me on supplemental documents, and I authorize any such organizations or individuals to provide the requested information. I also understand that any offer of employment I may receive is conditioned on me successfully passing, to Midwest Orthopaedic Center's satisfaction, any applicable tests that Midwest Orthopaedic Center requires for the position I am seeking.

I hereby acknowledge that I have read and understand each of the above statements.

Signature

Date