

# APPLICATION FOR EMPLOYMENT

## Sports Medicine & Orthopaedic Center, Inc.

Sports Medicine & Orthopaedic Center, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other applicable class protected by Federal or state law.

### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_  Full Time  Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (*circle one*) 1 2 3 4 **Diploma:**  Yes  No **G.E.D.:**  Yes  No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of Years Completed (*circle one*) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

### Other Training or Degrees:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

### PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held \_\_\_\_\_ State of Virginia License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_ Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.**  
**Consideration for employment after 30 days requires a new application.**

**SKILLS:**

Office: Data Entry                     Excel or other spreadsheet                     Database  
Typing speed \_\_\_\_\_ wpm.  
Word Processing                     WordPerfect     MSWord                    Other \_\_\_\_\_  
Other Software Skills \_\_\_\_\_

Have you ever been employed in any facility of **Sports Medicine & Orthopaedic Center, Inc.?**     Yes     No  
If so, please state facility name and location and dates of employment \_\_\_\_\_

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?  
 Yes     No  
If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**MEDICARE AND/OR MEDICAID EXCLUSION:**

Are you or have you ever been excluded from Medicare and/or Medicaid?  
 Yes     No

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer?     Yes     No  
If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_                    **Address** \_\_\_\_\_

Telephone \_\_\_\_\_                    Position \_\_\_\_\_  
Dates of Employment:                    From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_                    Supervisor \_\_\_\_\_                    Department \_\_\_\_\_

Duties \_\_\_\_\_                    FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_                    **Address** \_\_\_\_\_

Telephone \_\_\_\_\_                    Position \_\_\_\_\_  
Dates of Employment:                    From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_                    Supervisor \_\_\_\_\_                    Department \_\_\_\_\_

Duties \_\_\_\_\_                    FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**REFERENCES:**

**Professional**

**Personal**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize **Sports Medicine & Orthopaedic Center, Inc.** to verify their accuracy and to obtain reference information on my work performance. I hereby release **Sports Medicine & Orthopaedic Center, Inc.** from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause.

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. I hereby authorize Sports Medicine & Orthopaedic Center, Inc., to make any investigation of my personal history academic/professional credentials, military service records, criminal, driving, financial and credit record through any investigative or credit bureaus of the company's choice.

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

\_\_\_\_\_  
Date