



Centers for
Orthopaedics
Experience in Motion

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Social Security #: _____
Street

_____ Telephone No.: _____
City State Zip

E-mail: _____

Position desired: _____

Pay expected: _____ Are you interested in: Part time _____ Full time _____ Either _____

When would you be available to begin work? _____

How did you learn of OA Centers for Orthopaedics?

Ad Intern/Extern/Student OA-Website/Internet Patient Employee: _____
Employee Name

Were you previously employed by us? _____ If yes, when? _____

EDUCATION

<u>School</u>	<u>Name & Address of School</u>	<u>Course of Study</u>	<u>Last Year Completed</u>			
			1	2	3	4
High School	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____	_____

Are you a U.S. citizen or an alien authorized to work in the United States? Yes _____ No _____

If under 18, do you have a work permit? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____
(Conviction is not necessarily a bar to employment.)

If yes, please explain: _____



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EMPLOYMENT

LIST BELOW PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT

1) Company Name: _____
Company Address: _____
Position Title: _____
Responsibilities: _____

Dates of Employment: _____
Last Salary: _____
Reason for Leaving: _____
Name of Supervisor: _____
May We Contact this Person?: _____
Telephone #: _____

2) Company Name: _____
Company Address: _____
Position Title: _____
Responsibilities: _____

Dates of Employment: _____
Last Salary: _____
Reason for Leaving: _____
Name of Supervisor: _____
May We Contact this Person?: _____
Telephone #: _____

3) Company Name: _____
Company Address: _____
Position Title: _____
Responsibilities: _____

Dates of Employment: _____
Last Salary: _____
Reason for Leaving: _____
Name of Supervisor: _____
May We Contact this Person?: _____
Telephone #: _____



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REFERENCES

LIST 3 PEOPLE WE MAY CONTACT FOR PROFESSIONAL OR PERSONAL REFERENCES

- 1) Name: _____ Telephone #: _____
 Professional Personal Relationship: Co-worker Supervisor Customer Personal
 Place of Employment _____ Years worked with/known: _____
- 2) Name: _____ Telephone #: _____
 Professional Personal Relationship: Co-worker Supervisor Customer Personal
 Place of Employment _____ Years worked with/known: _____
- 3) Name: _____ Telephone #: _____
 Professional Personal Relationship: Co-worker Supervisor Customer Personal
 Place of Employment _____ Years worked with/known: _____

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize OA Centers for Orthopaedics to investigate all information set forth in my application, by contacting my prior employers and other references set forth above, and by any and all other means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or in interviews will be grounds for immediate termination of my employment.

I understand that if I am hired, my employment with OA Centers for Orthopaedics is terminable “at will”, and that I have the right to terminate my employment with OA Centers for Orthopaedics with or without cause and without notice at any time, and that OA Centers for Orthopaedics also has the right to terminate my employment with or without cause and without notice at any time. If I am hired, I understand that all benefits, policies, and procedures may be changed by OA Centers for Orthopaedics at any time, with or without notice. I understand that this application form, OA Centers for Orthopaedics’ policies, practice, and procedures, and all other communication distributed to me by OA Centers for Orthopaedics, whether written or verbal, before hire or after I am employed, does not constitute or supplement any contract of employment. I further understand that no agent, employee or representative of OA Centers for Orthopaedics has the authority to make any promise or agreement contrary to the foregoing, unless it is in writing and signed by the CEO of OA Centers for Orthopaedics.

Signature of Applicant

Date

Mail this Application to:

**Human Resources
 OA Centers for Orthopaedics
 33 Sewall Street
 P.O. Box 1260
 Portland, ME 04104
 Fax: 207-828-2193**