



APPLICATION FOR EMPLOYMENT

Orthopedic Institute of Pennsylvania
Please complete the following application in its entirety.

Date: _____

PERSONAL INFORMATION

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Phone Number: _____ Cell Phone: _____

Email Address : _____ Social Security Number: _____

Employment Desired

Position: _____ Full-time _____ Part-time _____

What date can you start? _____ Desired Salary: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes / No

Have you ever been convicted of a felony or misdemeanor?
Yes / No

If yes, explain:

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes/ No If yes, what can be done to accommodate your limitation? _____

Do you have any friends or relatives who work for OIP? _____
If yes, list name(s) _____

How did you hear about this position? _____

Do you currently hold a valid professional license or certification? Yes / No

If yes, note type(s): _____

State Issued: _____ Date Issued: _____ Expires: _____

EDUCATION	Name and Location of School	Course of Study	No. Of Years Completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/Trade School					
High School					

MILITARY EXPERIENCE

U. S. Military – Branch: _____

Rank at Discharge: _____ Active Duty Entry Date: _____

Discharge Date: _____ Training or Specialty: _____

REFERENCES

List the name and telephone number of three business/work references who are not related to you.

Name	Phone Number	Address	Business

EMPLOYMENT HISTORY (List last or present employer first)

1. Employer Name: _____

Address: _____

Job Title and Responsibilities: _____

Dates Employed: From: _____ To: _____ Phone Number: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

2. Employer Name: _____

Address: _____

Job Title and Responsibilities: _____

Dates Employed: From: _____ To: _____ Phone Number: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

3. Employer Name: _____

Address: _____

Job Title and Responsibilities: _____

Dates Employed: From: _____ To: _____ Phone Number: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

May we contact the employers listed above? Yes/ No If no, why? _____

Have you ever been discharged from a job? Yes / No If yes, explain fully:

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that the information contained in this application is true and complete. I

understand and agree that any false information or concealment of fact will automatically result in rejection of this application or discharge if discovered subsequent to my employment.

I understand and agree that all information furnished in this application may be verified by Orthopedic Institute of Pennsylvania. I also understand that any employment is subject to satisfactory check of references. I hereby authorize all individuals and organizations named or referred to in this application to give Orthopedic Institute of Pennsylvania all information relative to my employment, work habits, and character and hereby release these individuals, organizations and Orthopedic Institute of Pennsylvania from any liability for any claim or damage which may result.

I understand and agree that, if hired my employment is at will and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice with or without cause.

Signature of Applicant: _____ Date: _____

All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to sex, race, color, religion, national origin, ancestry, age, physical or mental handicap or disability, marital status, sexual orientation, veteran's status or any other consideration made unlawful by federal, state or local laws. If you have a disability which requires an accommodation in the application or interview process, please notify us in advance.

Orthopedic Institute of Pennsylvania is an Equal Opportunity Employer