

Seaview Orthopaedic & Medical Associates Employment Application

Please Print

Position Applying For: _____

Date of Application: _____

Personal Information

Name _____ SS# _____
Last First Middle Initial

Address _____
Street City Zip Code

Home Telephone # _____ Cell Phone # _____

Email Address _____

Referral Source: _____
(How did you hear about us?)

Have you ever been employed by Seaview Orthopaedics before? Yes No

Are you legally eligible for employment in this country? Yes No

If you are under age 18, and it is required, can you furnish a work permit? Yes No

Date available for work _____ Desired Salary Range \$ _____

Type of employment desired Full-Time Part-Time Seasonal

Education

College _____

Dates Attended From _____ To _____
Street City Zip Code

Degree _____

Other _____

Dates Attended From _____ To _____
Street City Zip Code

Degree _____

Prior Employment

Starting with your most recent employer, provide the following information:

Employer:	Address:
Phone Number:	Job Title:
Supervisor:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Responsibilities:
Dates Employed: From: _____ To: _____	Compensation: <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____
What did you like most about your position?	
What did you like least about your position?	

Employer:	Address:
Phone Number:	Job Title:
Supervisor:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Responsibilities:
Dates Employed: From: _____ To: _____	Compensation: <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____
What did you like most about your position?	
What did you like least about your position?	

Employer:	Address:
Phone Number:	Job Title:
Supervisor:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Responsibilities:
Dates Employed: From: _____ To: _____	Compensation: <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____
What did you like most about your position?	
What did you like least about your position?	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills: (check appropriate boxes.)

- Microsoft Word Excel Adobe Photoshop E-Clinical Works Illustrator
 PowerPoint E-Mail Internet

Personal References

List three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you.

Name _____ Phone Number _____

Address _____

Relationship to you _____ Number of Years Known _____

Name _____ Phone Number _____

Address _____

Relationship to you _____ Number of Years Known _____

Name _____ Phone Number _____

Address _____

Relationship to you _____ Number of Years Known _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's Managing Partner.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

Required Documents:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> New Employment Data Record |
| <input type="checkbox"/> Copy of School Degree | <input type="checkbox"/> HIIPA Signed Form |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> W-4 Form |
| <input type="checkbox"/> W-4 Form | <input type="checkbox"/> OSHA Signed form |
| <input type="checkbox"/> Copy of Driver's License | <input type="checkbox"/> Confidentiality Agreement |