



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**Instructions:** Type or print clearly in black or blue ink. Answer all questions. If you have résumé please include it with this application.

## PERSONAL INFORMATION

Application Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## POSITION(S) APPLIED FOR:

\_\_\_\_\_

Date you can start \_\_\_\_\_

Salary Desired \_\_\_\_\_

Applying for:  Full Time  Part Time  Temporary

Are you at least 18?  Yes  No

How did you hear about this position?  
\_\_\_\_\_

Have you been previously employed by ORA Orthopedics?  
\_\_\_\_\_

List any friends or relatives currently employed by ORA:  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL BACKGROUND

Graduate (Y/N)?	Name and Location	Degree Obtained	Dates/Years Attended
High School	_____	_____	_____
College	_____	_____	_____
Professional School	_____	_____	_____
Technical School	_____	_____	_____

### Professional Licenses and/or Certifications

Type	License/Cert. Number	State Issued	Expiration Date	Is your professional license, or has it ever been, under investigation, suspension, revocation in this state or any other? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	
_____	_____	_____	_____	

Have you served in the Armed Forces?  Yes  No

Branch: \_\_\_\_\_

**EMPLOYMENT BACKGROUND**

List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Company Name/ Location / Phone	Dates Starting/Ending	Position	Job Responsibilities	Supervisor's Name	Ending Salary	Reason for Leaving

**WORK AUTHORIZATION**

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime other than minor traffic offenses? If yes, describe the conviction(s) and date(s).  Yes  No

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Are you a citizen of the United States or authorized to be employed in the United States?  Yes  No

**ADDITIONAL INFORMATION**

Please include any additional work experience, skills, qualifications, accomplishments and activities which may relate to the job for which you are applying and be helpful to us in considering you for employment (Please exclude all information indicative of age, race, religion, color, national origin or disability) :

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**REFERENCES**

Name three persons (not related to you) who have knowledge of your professional qualifications and whom we have permission to contact immediately, preferably persons under whom you have worked. Previous employers/supervisors may be contacted immediately for references.

Name	Address	Where Employed	Relationship to Applicant	Telephone

You are required to disclose all background information relevant to your employment here. Whenever possible, the circumstances of your situation will be considered in relation to the nature and duties of the job for which you apply. Failure to disclose information will result in disqualification for employment.

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I understand that this application is not a contract of employment. If hired, my employment and compensation can be terminated at will, with or without a showing of cause, and with or without notice by either myself or my employer. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by ORA. I understand that ORA retains the right to revise all policies or procedures, in whole or in part, at any time.

By signing and submitting this application, I confirm that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged. I also understand that any misrepresentation or omission of the facts requested in this application or any document that I complete may be cause for rejection of my application or my immediate termination should I be employed by ORA. I hereby authorize the release of any information regarding my school records or previous employment and hereby release all parties from any and all liability of damages for providing the information requested.

I understand that my application will be considered active for a period of 30 days. At the end of this period my application will become inactive. I understand that if I want to be given further employment consideration, I will be required to update my application.

I understand that filling out this form does not indicate that there is a position open and does not obligate ORA to hire.

If hired by ORA, I understand that I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand I cannot be hired if I cannot furnish these documents and comply with ORA requirements.

**Name of Applicant (Print):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ORTHOPEDEICS

TM