

Columbia Orthopaedic Group Employment Application

Name _____	SSN _____
Address _____	Position applied for _____
City, St, Zip _____	Date available _____
Home phone _____	Salary Desired _____
Work phone _____	

	Yes	No
Do you smoke or use tobacco products?	_____	_____
Are you over 18?	_____	_____
Would you accept another position?	_____	_____
Are you willing to work:		
Overtime (over 40 hrs/wk)	_____	_____
On call	_____	_____
Rotating shifts	_____	_____
Weekends (Sat/Sun)	_____	_____
Travel	_____	_____

(If yes, please see notice below)

Indicate applicable work skills:

Typing _____ wpm
 Data Entry _____
 Word Processing (system/applications) _____

Other job related skills _____

Are you applying for: _____ Full time _____ Part time _____ Temporary

How were you referred to the Columbia Orthopaedic Group? _____

Do any relatives work for the Columbia Orthopaedic Group? _____ Yes _____ No

 If yes, Name _____ Relationship _____

 Department _____

Have you ever worked for the Columbia Orthopaedic Group? _____ Yes _____ No

 If yes, Position _____ Department _____ Dates _____

After reviewing the function of the job for which you are applying, do you have any physical/mental condition(s) that would limit your ability to perform the job? _____ Yes _____ No

 If yes, please explain and note any necessary accommodations _____

After a conditional offer of employment, are you willing to undergo a physical exam? _____ Yes _____ No

Do you have any commitments to another employer that might affect your employment with us?

 If yes, please explain _____

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) _____ Yes _____ No

Military service? _____ Yes _____ No If yes, Dates _____

Branch of service _____ Highest rank _____

School (Name & Address)		Course of Study	Last Year Completed				Did You Graduate?		Diploma/Degree
High School			1	2	3	4	yes	no	
College			1	2	3	4	yes	no	
College			1	2	3	4	yes	no	
Tech, Business, Professional			1	2	3	4	yes	no	

Type	State	Expiration Date	Registration #

Notice to All Applicants

It is the policy of Columbia Orthopaedic Group to not hire individuals that use tobacco products. This includes smoking of cigarettes, cigars, or pipes and the use of snuff or other types of smokeless tobacco. The use of these products and substances is felt to be contrary to the primary mission of the Columbia Orthopaedic Group to promote health and wellness.

Previous Experience

Please list name, address and phone of previous employers with most recent employer first. Periods of unemployment should be included.	Dates	Immediate Supervisor	Last Salary Hourly or Monthly
Job Title _____ Duties _____ Reason for Leaving _____	-		\$
Job Title _____ Duties _____ Reason for Leaving _____	-	Employer _____ Address _____ Phone _____	\$
Job Title _____ Duties _____ Reason for Leaving _____	-	Employer _____ Address _____ Phone _____	\$

May we obtain a credit rating? ___ Yes ___ No

May we run an employment check from the employers listed above? ___ Yes ___ No

Has notice been given to the present employer? ___ Yes ___ No

Is there additional information like a name change necessary to check your work history? ___ Yes ___ No

If yes, please explain _____

References

Please list references (not relatives or employers) we can contact who are familiar with your work history.

Name	Title/Occupation	Company/Address	Phone #

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.) _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment, and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of COG or myself. I understand that no management official of COG other than the chief executive officer of COG has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____