



COLUMBIA ORTHOPAEDIC GROUP

Application for Employment

Name: _____ SSN: _____

Address: _____

Telephone Number: _____ E-mail Address _____

Are you 18 years of age or older? Yes No

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

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____ Days of week you are available to work:

Are you able to work overtime? _____

Have you previously worked for Columbia Orthopaedic Group? Yes No

If yes, dates of employment: from _____ to _____

Reason(s) for leaving: _____

Do any relatives work for the Columbia Orthopaedic Group? _____

If yes, Name _____ Dept _____ Relationship _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
License/Certification: _____ State: _____		
Expiration Date: _____ Registration #: _____		
Other job related skills, publications, accomplishments:		

Skills

Typing speed (WPM): _____

Are you experienced in using personal computers? Yes No

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Signature

Date