



EMPLOYMENT APPLICATION

Name _____

Present Address _____

Street City State Zip Code

Telephone Numbers: Home _____ Business _____

Previous Address _____

Street City State Zip Code

Position applied for _____

Salary Desired _____

Date available for employment _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No
If yes, please describe circumstances: _____

List any skills, licenses, and certifications which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Are you applying for _____ full time _____ part time _____ temporary

How were you referred to this organization? _____

[] Yes [] No

Do you have any relatives working for this organization?

If yes, Name _____ Relationship _____

[] Yes [] No

Have you ever been employed by this organization?

If yes, position held _____ Dates Employed: From _____ To _____

Are you willing to provide necessary documentation required to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ Yes _____ No

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

If yes, please define _____

Military service? _____ Yes _____ No If yes, From _____ to _____ Highest rank obtained _____

Branch of service _____

In an emergency, notify: Name _____ Relationship _____

Address _____ Telephone No.: _____

OVER ->

EDUCATION

School Name and Address		Course of Study	Circle last year completed	Did you graduate?	Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Technical or Business			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Professional licenses/certifications

Type	State	Expiration Date	Registration Number

PREVIOUS EXPERIENCE

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

REFERENCES

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

Has notice been given to your present employer? Yes No

Is there any additional information relative to a change in name when checking your work history? Yes No

If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone Number
1.				
2.				
3.				

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

REMARKS

Make any comments you feel are pertinent to your application: _____

I hereby authorize Mountain Valley Orthopedics to obtain and/or its agent to obtain information related to my criminal background. I consent to the criminal background check. I hereby release Mountain Valley Orthopedics and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to [Institution's Name]. I certify that the statements made by me on this form and in connection with my application whether on this form or not, are true, complete and correct to the best of my knowledge and belief and I understand that any misstatement, falsification, or omission of information shall void my application and be grounds for refusal to hire or, if hired, termination. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this application to Mountain Valley Orthopedics Office of Human Resources. If circumstances require that an offer be made before the completion of an investigation, the offer is contingent on the completion of a satisfactory criminal background investigation. I understand that any false statements made herein will void my Application for Employment and any actions based on it.

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed, unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

Date _____ Signature _____