



ORTHOGEORGIA
Orthopaedic Specialists

EMPLOYMENT APPLICATION

We are an Equal Opportunity/Affirmative Action Employer dedicated to a policy of non-discrimination in employment

Notice To Applicant: We appreciate your interest in our organization and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in properly evaluating your qualifications as they relate to our needs.

Please read this entire application before you answer any questions. Print all information in ink. Answer all questions accurately and completely. Print "N/A" in any space that does not apply to you. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

OrthoGeorgia is a drug free workplace and will not hire anyone who is currently and illegally using drugs. Nor will the Firm hire anyone who uses alcohol in such a way that it would interfere with his or her ability to perform their job. To avoid any potentially embarrassing situations, if you have a current drug or alcohol abuse problem, it is suggested that you do not complete this application.

Position(s) Applied For: _____

Please Print **Date of Application** _____

Name: _____ SSN _____
Last First Middle

Have you ever used another name, alias or nickname that might help us verify the contents of this application? If so, state the name _____

Current address: _____
Street Number and Name City State/Zip

How long have you lived there? _____ Telephone () _____

Permanent mailing address: _____
(if different from above) Street Number and Name City State/Zip

May we contact you at home: ___ Yes ___ No May we contact you at work? ___ Yes ___ No

Are you less than 18 years of age? ___ Yes ___ No If Yes state age: _____

NOTE: *If under 18 years of age, employment is subject to verification of minimal legal age by age certificate or work permit.*

GENERAL INFORMATION

Have you filed an application with OrthoGeorgia before? Yes No
If Yes, Date _____ Location _____

Have you ever been employed by OrthoGeorgia? Yes No
If yes, Dates of Employment _____ Location _____

Reason for leaving _____

Are you available to work: Full Time Part Time Temporary

Date you are available to begin work _____

Who referred you to us? _____

Have you been convicted or entered a No Contest plea of a felony within the last 5 years?
 Yes No

If Yes please explain (state, date, court, type of crime, place of occurrence, disposition):

- *Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be judged on its own merits with respect to time and job-relatedness. Give us all the facts so a fair decision can be made.*

EDUCATION

High School

Name and Address of School

Circle last year completed 9 10 11 12
Course of Study: _____

Grade Point Average _____
Did you graduate? Yes No

College

Name and Address of School

Circle last year completed 1 2 3 4
Course of Study: _____

Grade Point Average _____
Did you graduate? Yes No

Post-Graduate School

Name and Address

EMPLOYMENT HISTORY AND EXPERIENCE

Please complete in detail and do not refer to resume. Use additional paper if you need more space.

1. _____

Company Name (Present or most recent)

Street Address _____ City/State _____ Zip Code _____

Phone Number _____ Hourly Rate or Salary _____ Starting Rate of Pay/Final Rate of Pay _____

Job Title _____ Supervisor _____ Last Position Held (Please note promotions) _____

Date Began _____ Date Ended _____ Brief description of responsibilities _____

Reason for leaving _____ May we contact this employer ___ Yes ___ No _____

2. _____

Company Name (Prior)

Street Address _____ City/State _____ Zip Code _____

Phone Number _____ Hourly Rate or Salary _____ Starting Rate of Pay/Final Rate of Pay _____

Job Title _____ Supervisor _____ Last Position Held (Please note promotions) _____

Date Began _____ Date Ended _____ Brief description of responsibilities _____

Reason for leaving _____ May we contact this employer ___ Yes ___ No _____

3. _____

Company Name (Prior)

Street Address _____ City/State _____ Zip Code _____

Phone Number _____ Hourly Rate or Salary _____ Starting Rate of Pay/Final Rate of Pay _____

Job Title _____ Supervisor _____ Last Position Held (Please note promotions) _____

Date Began _____ Date Ended _____ Brief description of responsibilities _____

Reason for leaving _____ May we contact this employer ___ Yes ___ No _____

EMPLOYMENT IS AT WILL

I understand if I am hired, I will be an “at will” employee working without a written contract and no written policy of verbal statement can or should be taken to mean that my job is guaranteed for any length of time. I understand I have the right to leave OrthoGeorgia at any time for any reason with or without notice, with or without cause, and OrthoGeorgia has the right to end my employment at any time for any reason, with or without notice, with or without cause. The only exception to this employment “at will” understanding is written document signed by the Chairman of the Executive Committee which guaranteed employment for a set period of time.

Complete Signature of Applicant

Date: Month Day Year

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand OrthoGeorgia will attempt to verify statements made on my application and made during my employment interview. I authorize OrthoGeorgia to contact references and former employers, as indicated. I authorize my previous employers, or their designee, when contact by OrthoGeorgia Medicine to very the information given on this application and during the interview process. I authorize past employers, references and any other persons to answer all questions asked concerning my ability, character and previous employment record. I understand it is possible my prior employment records may not be accurate. Nonetheless, in consideration of OrthoGeorgia’s review of this application, I release OrthoGeorgia and all former employers from any liability as a result of furnishing and receiving this reference information. I understand my failure to sign this reference release so OrthoGeorgia can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application of employment. I agree a copy or facsimile of this authorization may serve as an original.

Complete Signature of Applicant

Date: Month Day Year

Please print your full name: _____

APPLICANT’S AGREEMENT

I understand if I am hired, this Job Applicant’s Agreement is part of my employment arrangement between OrthoGeorgia and me and will be binding on me. The acceptance of this application by OrthoGeorgia does not indicate that there are specific jobs open and does not in any way obligate OrthoGeorgia I understand I must be able to perform the essential functions of the position and satisfactorily complete the OrthoGeorgia employment process that includes a post offer drug test. I understand if I test positive for drugs not part of a currently prescribed medical treatment program by a licensed physician, I will not be employed. I will furnish OrthoGeorgia the required documentation of proof of citizenship or proof of authorization to work in the United States (Immigration Reform and Control Act of 1986). I agree to follow the work rules of OrthoGeorgia. I understand any false, incomplete or misleading statements on this application or in my response to questions asked during the interview process will be sufficient ground for immediate termination of employment if and whenever discovered.

Complete Signature of Applicant

Date: Month Day Year

Please print your full name: _____

