

EMPLOYMENT APPLICATION

Potomac Valley Orthopaedic Associates a division of The Centers for Advanced Orthopaedics is an Equal Opportunity Employer and does not discriminate against job applicants or employees on the basis of race, color, religion, sex, national origin, age, marital status or handicap.

Position _____ Desired Salary _____
Name _____ Home # _____ Cell# _____
Last First Initial
Address _____
Street City State Zip

Have you ever worked for PVOA-CAO before? Yes No
If yes, please list dates of employment: _____

If under 18 years of age, do you have a work permit? Yes No

EMPLOYMENT HISTORY

Complete this section by starting with your most recent job. Continue on a separate sheet of paper if necessary.

1) Employer _____ Dates of Employment _____
Address _____ Phone # _____
Job Title _____ Duties _____
Supervisor _____ Starting salary _____ Ending Salary _____
Reason for leaving _____ May we contact your supervisor? Yes No

2) Employer _____ Dates of Employment _____
Address _____ Phone # _____
Job Title _____ Duties _____
Supervisor _____ Starting salary _____ Ending Salary _____
Reason for leaving _____ May we contact your supervisor? Yes No

3) Employer _____ Dates of Employment _____
Address _____ Phone # _____
Job Title _____ Duties _____
Supervisor _____ Starting salary _____ Ending Salary _____
Reason for leaving _____ May we contact your supervisor? Yes No

EDUCATION

Circle highest grade completed: 9 10 11 12 GED

College: 1 2 3 4 beyond

1) Name of school last attended _____ Diploma/Certificate/Degree awarded _____

Address _____

2) List any additional experience, training, qualifications or skills that may relate to the position for which you are applying:

OTHER

1) Have you ever been convicted of a felony?

If yes, please explain _____

REFERENCES

Please provide information for 3 references that you have known at least one year. Please do not use personal friends or relatives.

1) Name _____ Years Known _____ Phone # _____

Address _____

2) Name _____ Years Known _____ Phone # _____

Address _____

3) Name _____ Years Known _____ Phone # _____

Address _____

All information contained in this application or by oral statements is true and correct. I authorize Potomac Valley Orthopaedic Associates a division of The Centers For Advanced Orthopaedics to investigate all statements contained in this application, to verify the information provided, and determine my ability to hold the position for which I have applied. I understand that if I have made any statement that proves to be false, misleading or incorrect, it may result in the rejection of my application or discharge from my position.

If accepted for employment, I agree to abide by all policies and procedures. If employed, I understand that my employment may be terminated at any time without notice or cause by Potomac Valley Orthopaedic Associates a division of The Centers for Advanced Orthopaedics or myself. I understand that my employment is for no defined period of time and if terminated, Potomac Valley Orthopaedic Associates a division of The Centers for Advanced Orthopaedics is liable only for wages and benefits earned as of the date of termination.

I have read and fully understand the above paragraphs.

Signature of applicant _____

Date _____