

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? Yes No (Conviction will not necessarily disqualify applicant)

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 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 or myself. I understand that my employment is for no defined period of time and if terminated, Potomac valley Orthopaedic Associates 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 _____