

EMPLOYMENT APPLICATION

It is the policy of The Centers for Advanced Orthopaedics ("CAO") to provide equal opportunity with regard to all terms and conditions of employment. CAO prohibits discrimination in employment on the basis of race, age, ancestry, creed, color, religion, gender/sex, pregnancy, sexual-orientation, gender identity, transgender status, marital status, unemployment status, national origin, disability, veteran and/or military status, genetic information, or any other characteristic protected under applicable federal, state, and local law.

APPLICANT INFORMATION : Thank you for your interest in employment with CAO. While you may attach your resume along with this application, in order that your application may be properly evaluated, it is essential that you carefully, legibly and completely answer all of the questions on this application.

(Please Print)

Name: _____ Date of Application: _____
 Last Name First Name Middle

Address: _____
 Street/ Apt # City State Zip Code

Phone: _____
 Home Work Cell

Email: _____

Position Applying For: _____ Salary Expectations: _____

Were you referred to CAO? If so, by whom? _____

Date Available to Begin Work: _____

Have you ever been employed with CAO before? Yes No

If yes, dates: _____ Position: _____

Where did you hear about the job opportunity? (Please check one)

LinkedIn Website Other: _____

Type of Employment Desired: Full-Time Part-Time (specify days and hours): _____

Temporary (specify dates) _____

What days can you work?

Monday: Tuesday: Wednesday: Thursday: Friday:

Saturday: Sunday:

Are you willing to work overtime as necessary? Yes No

Do you have the legal right to work and remain in the United States? Yes No

Do you have the legal right to work in the United States for more than just your current employer? Yes No

EDUCATION HISTORY				
Type	School Name City, State	Did you Graduate? If no, indicate number of years completed.	Course of Study	Certificate or Degree Received
High School Last Attended				
College/University				
Post-Graduate Education				
Business, Trade or Other				

EMPLOYMENT HISTORY

Please account for your entire employment history below. Include all positions beginning with the most recent, including military experience. Explain any gaps in employment in the comments section below. Please attach a resume, if necessary.

Employer _____

Address _____ Phone _____

Job Title _____ Supervisor/ Title _____

Dates Employed From _____ To _____

Work Performed _____

May we contact for a reference? Yes No

Reason for leaving?

Employer _____

Address _____ Phone _____

Job Title _____ Supervisor/ Title _____

Dates Employed From _____ To _____

Work Performed _____

May we contact for a reference? Yes No

Reason for leaving?

Employer _____

Address _____ **Phone** _____

Job Title _____ **Supervisor/ Title** _____

Dates Employed From _____ To _____

Work Performed _____

May we contact for a reference? Yes No

Reason for leaving?

Are you subject to a contractual agreement, such as a non-compete and/or non-solicitation agreement, which could potentially limit your eligibility to enter into immediate employment with CAO? Yes No

If yes, please identify the employer(s) and the details of the restriction(s) (if able): _____

SKILLS AND QUALIFICATIONS

Please summarize any special training (e.g., caregiver training), skills, licenses or certificates (including license/certificate numbers and expiration dates) that may qualify you to perform the job-related functions for the position for which you are applying.

PROFESSIONAL REFERENCES

List the name, relationship and telephone number of three additional professional references not listed in the Employment History section of this application.

Name	Relationship/Length of time known	Telephone/Contact Information

ACKNOWLEDGMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that all information I have provided in order to apply for and secure work with CAO is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, drug/alcohol screen and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.



I understand that CAO does not unlawfully discriminate in employment and no question on this application is used for the purpose of omitting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from CAO and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and CAO reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief Executive Officer of CAO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I hereby acknowledge that I have read the above statements and understand. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

Applicant Signature: _____

Date _____