



ALABAMA ORTHOPAEDIC CLINIC, P.C.

3610 Springhill Memorial Drive North | Mobile, Alabama 36608
Phone 251.410.3600 | Fax 251.410.3753 | Toll Free 888.878.1999
www.alortho.com

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Form fields for personal information: Position(s) applied for, Date of application, Name (LAST, FIRST, MIDDLE), Social Security #, Address (STREET, CITY, STATE/ZIP CODE), Telephone, Cell/Beeper/Other Phone, E-mail.

- List of questions regarding work permit, previous employment, legal eligibility, salary range, type of employment, and criminal record.

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION WILL BE TAKEN INTO ACCOUNT.

Driver's license number, if driving is an essential job function State

EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments, or volunteer activities, starting with the most recent.

Table with 3 main sections for employment history. Each section includes fields for FROM, TO, EMPLOYER, TELEPHONE, STARTING JOB TITLE / FINAL JOB TITLE, ADDRESS, NATURE OF WORK PERFORMED and JOB RESPONSIBILITIES, MAY WE CONTACT FOR REFERENCE?, REASON FOR LEAVING, and HOURLY RATE / SALARY.

AN EQUAL OPPORTUNITY EMPLOYER

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND (if job related)

| NAME AND LOCATION | NUMBER OF YEARS COMPLETED | | DID YOU GRADUATE? | COURSE OF STUDY |
|-------------------|---------------------------|--------|-------------------|-----------------|
| | MAJOR | DEGREE | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

REFERENCES

| NAME | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|-----------|-----------------------|
| | () | |
| | () | |
| | () | |

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

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 (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, 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 have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing each information about me.

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

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the 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 employer's president.

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

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ **Date** ____/____/____



ALABAMA ORTHOPAEDIC CLINIC, P.C.

3610 Springhill Memorial Drive North | Mobile, Alabama 36608
 Phone 251.410.3600 | Fax 251.410.3753 | Toll Free 888.878.1999
www.alortho.com