

NAME

LAST

FIRST

MIDDLE

DATE

Application For Employment



University Orthopaedic Associates, LLC

University Orthopaedic Associates, LLC (UOA) is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, UOA complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. UOA also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



 LAST NAME, FIRST NAME

GENERAL

LAST NAME			FIRST	MIDDLE	TODAY'S DATE
STREET ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER ()		BUSINESS TELEPHONE NUMBER ()		EMAIL ADDRESS	
REFERRED BY: (INDICATE NAME)		<input type="checkbox"/> AGENCY		<input type="checkbox"/> ADVERTISEMENT	
		<input type="checkbox"/> UOA EMPLOYEE		<input type="checkbox"/> OTHER	
POSITION APPLIED FOR				PAY DESIRED \$	
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE AVAILABLE	
IF YES, CAN YOU FURNISH A WORK PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU SUBMITTED AN APPLICATOIN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN _____					
HAVE YOU BEEN EMPLOYED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN _____					
ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	
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 LAST NAME, FIRST NAME

PROFESSIONAL LICENSES

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
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EMPLOYMENT

COMPLETE FOR ALL FULL TIME EMPLOYMENT, BEGINNING WITH MOST RECENT. (USE BLANK PAGE FOR ADDITIONAL ENTRIES)

FROM /	COMPANY NAME	YOUR POSITION and TITLE	
	NO. & STREET	SUPERVISOR'S NAME, TITLE and POSITION	
	CITY STATE ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
TO /	TYPE OF BUSINESS		
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION		

FROM /	COMPANY NAME	YOUR POSITION and TITLE	
	NO. & STREET	SUPERVISOR'S NAME, TITLE and POSITION	
	CITY STATE ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
TO /	TYPE OF BUSINESS		
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION		



 LAST NAME, FIRST NAME

FROM / MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO / MO. YR.	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

FROM / MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO / MO. YR.	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

OFFICE SKILLS

COMPUTER SOFTWARE SKILLS (SPECIFY SOFTWARE AND PROFICIENCY LEVELS)

REFERENCES

PLEASE LIST THREE EMPLOYMENT REFERENCES

NAME OF REFERENCE & RELATIONSHIP	EMPLOYER	ADDRESS AND TELEPHONE NUMBER

PLEASE LIST ONE OTHER REFERENCE

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PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

During the application process and, if hired, during employment, I agree to participate (if so requested by the Company and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified professionals selected by the Company.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

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 acknowledge that I have read all of the above statements, and that I understand them.

Date _____ Signature _____

Signature of Applicant

Date