

Application For Employment

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: _____ Soc. Sec. #: _____

Last

First

Middle

Present Address: _____

Street

City

State

Zip

Permanent Address: _____

Street

City

State

Zip

Telephone: Home () _____ Work: () _____

Are you 18 years or older? Yes No

Are there any hours of the week you cannot work? Yes No If so, when? _____

Salary Desired: _____ Type of Employment: Full time Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer: _____

Have you ever applied to this Company before? _____ Where? _____

Under what name? _____ When? _____

Education: _____

Do you have U.S. Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? No Yes

If so, please state citation, date and place where offense occurred.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful for us in considering your application.

REFERENCES: Three individuals not related to you, whom you have known for at least one year, name, address and phone number.

Emergency Contact

Name _____

Street _____ City/State _____ Phone _____

CURRENT AND FORMER EMPLOYERS (Most Recent One First) Name, Address and phone numbers

May we contact the employers listed? Yes No

If not, which one(s)? _____

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of the wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

Signature _____ Date _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: Yes No
Starting Date: _____ Position: _____ Wage: _____

Please mail current resume as well to:

Attn: Lori Burrows
Practice Manager
Hastings Orthopedic Clinic, P.C.
P.O. Box 290
Hastings, MI 49058