

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

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## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Are you 18 or older?  Yes  No

Are you either a U.S. Citizen or an alien authorized to work in the United States?  Yes  No

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## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Pay Rate: \_\_\_\_\_ /Hr

Are you employed now?  Yes  No If yes, may we inquire from present employer?  Yes  No

Ever applied to this company before?  Yes  No If yes, when? \_\_\_\_\_

Referred by: \_\_\_\_\_

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EDUCATION	School Name/Location	# Years	Did You Graduate?	Subjects Studied
Grammar				
High				
College				
Trade, Business				

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## GENERAL

Subjects of Special Study or Research Work: \_\_\_\_\_

\_\_\_\_\_

: \_\_\_\_\_

Special Skills \_\_\_\_\_

**FORMER EMPLOYERS** (List below last three employers, starting with last one first)

Date	Employer Name/Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like the best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year

Name	Phone(s)	Business Relationship	Years Known
1			
2			
3			

Emergency Contact: \_\_\_\_\_  
Name Relationship  
 \_\_\_\_\_  
Address Phone

“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 shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**ORTHOPEDIC PARTNERS  
EMPLOYMENT APPLICATION DISCLAIMER**

I understand that misrepresentation or omission of facts called for in the application process is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I understand that I do not have a contract of employment and no one is authorized to make any such promise.

I authorize (the Employer) to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or credit agency to give (the Employer) any information they may have regarding me. In consideration of (the Employer's) review of this application, I release (the Employer) and all providers of information from any liability as a result of furnishing and receiving this information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_