

Southern Orthopaedic Surgeons *LLC*

EMPLOYMENT APPLICATION

PERSONAL (please print)

Name: _____ Date: _____

Address: _____ SS#(optional): _____

City: _____ State: _____ Zip Code: _____ Number: (_____) _____

Position Desired _____ Salary Desired _____ Date Available _____

Can you perform the essential functions of the position for which you are applying? YES NO If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES NO
If yes, where? _____ When? (Give dates) _____

Do you have any relatives or friends who work for the Company? YES NO If yes, who and where do they work?

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME PART TIME

Are you professionally licensed or registered? YES NO Type _____ State _____
License or registration numbers _____

Have you ever been refused or had a revoked professional license or registration? YES NO

If yes, explain: _____

EDUCATION	Name and Location of School	No. of Years Completed	Course of Study/Diploma or Degree Received
High School			
College			
Vocational or Trade School			
Graduate			

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

WORK HISTORY(Including military service)List names and addresses of all former employers, beginning with the most recent.

EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT FROM / TO	POSITION/JOB TITLE	RATE OF PAY STARTING/LAST	REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NUMBER
1.						
2.						
3.						
4.						
5.						

Use an additional sheet of paper if more space is necessary.

REFERENCES Give three references (not relatives)

NAME	ADDRESS	OCCUPATION	TELEPHONE
1.			
2.			
3.			

Southern Orthopaedic Surgeons, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Southern Orthopaedic Surgeons LLC.(SOS) to verify their accuracy and to obtain reference information on my work performance. I hereby release SOS from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____