

Southern Orthopaedic Surgeons *llc.*

Employment Application

334-613-9000

Name Telephone Number

Address City State Zip Email Address

Position Desired Date Available Salary Desired

Are you Applying for: Full Time or Part Time

Would you accept another position? YES / NO

Are you willing to work:

List relevant work skills:

Overtime (over 40 hours per week) YES / NO

On Call YES / NO

Holidays YES / NO

Weekends YES / NO

Are you legally eligible to be employed in the United States? YES / NO

Are you over the age of 18 years? YES / NO

Are you physically capable of performing the duties required for the position applied for? YES / NO

Do you have any friends or relatives working for this company? YES / NO

If yes, who and where do they work? _____

How did you hear about this job? _____

Are you professionally licensed or registered? YES / NO

Type State License or Registration Number Expiration Date

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

If yes, explain:

Are you willing to take a pre-employment drug screen? YES / NO

Have you ever been convicted of a felony? YES / NO

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EDUCATION:

Education	Name & Location of School	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

WORK HISTORY:

Chronologically list the names and addresses of all former employers including military service

Employer Name & Address	Position/ Job Title	Dates of Employment	Reason for Leaving	Ending Salary	Supervisor's Name & Phone Number

REFERENCES:

Give three references (do not list relatives)

Name	Address	Occupation	Telephone Number
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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 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 I 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