

SPINE & SPORTS MEDICINE

Application for Employment

Qualified applicants are considered without regard to race, color, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability or Vietnam era Veteran status. Spine and Sports Medicine Institute, Inc. is an Equal Opportunity Employer. Please print clearly. A resume or CV may be attached but does not substitute for the completion of this application. Please complete all sections below.

Position Desired: _____ Rate of Pay Desired: _____
 Date Available: _____ Full-Time Temporary-specify dates: _____
 Part-Time-specify days and hours available: _____

PERSONAL HISTORY:

Legal Name _____
Last First Middle Maiden

Other name(s) which you have used _____

Present Address _____
Street Address City State Zip

If you have lived at another address within the last seven years, please provide your:

Prior Address _____
Street Address City State Zip

Social Security Number _____ - _____ - _____ Driver License # / State: _____

Home Telephone (_____) _____ Business/Msg. Telephone (_____) _____

Do you have the unrestricted legal right to work in the U.S.? (Proof of right to work is required of all employees on the date of hire.)

Yes No

Are you able to perform the essential functions of the position you are applying for? Yes No

If no, please indicate what accommodations can be provided to enable you to perform the functions of the position: _____

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

If yes, state the nature of the crime(s), when and where convicted and disposition of the case: _____

(Employment will not be denied solely of the grounds of conviction of a criminal offense. The nature of the offense, date of offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you previously been employed by Spine & Sports Medicine, Inc.? Yes No

If yes, please list date(s) _____

How did you hear about this position? Newspaper Advertisement Agency: _____
 SSMI Employee - Who? _____
 Other, Please Specify _____

EDUCATION:

TYPE OF INSTITUTION	NAME OF INSTITUTION	ADDRESS	NUMBER OF YEARS COMPLETED	GRADUATED? YES / NO	MAJOR; DEGREE; DATE RECEIVED
High School					
College					
Post Graduate (1)					
Post Graduate (2)					
Business or Trade School					
Professional School					

CERTIFICATION (S):

TYPE OF CERTIFICATION	DATE ISSUED	EXPIRATION DATE	LIST ANY COMPLAINTS (FORMAL OR OTHERWISE) AND/OR DISPLINARY ACTION OR JUDGMENT AGAINST YOU

EMPLOYMENT HISTORY:

Please list your employment history beginning with your most recent job held. If you were self-employed, write down the name of the firm. Attach additional sheets if necessary.

Have you ever been discharged or asked to resign from a position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		

Current or Most Recent Employment:

_____ Name of Employer	_____ Address	_____ City	_____ State	_____ Zip	_____ Telephone
_____ Supervisor's Name and Title		_____ Your Job Title			
May this employer be contacted for employment verification?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed from _____ to _____		Beginning Salary (\$): _____			
		Ending Salary (\$): _____			
Reason for leaving (be specific): _____					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:					

Previous Employment:

_____ Name of Employer	_____ Address	_____ City	_____ State	_____ Zip	_____ Telephone
_____ Supervisor's Name and Title		_____ Your Job Title			
May this employer be contacted for employment verification?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed from _____ to _____		Beginning Salary (\$): _____			
		Ending Salary (\$): _____			
Reason for leaving (be specific): _____					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:					

BUSINESS REFERENCES:

Please list three business references who are not relatives or friends and who are willing to discuss your work history within the past 5 years.

Name _____	
Relationship to You _____	Title _____
Company _____	Telephone (____) _____
Address _____	

Name _____	
Relationship to You _____	Title _____
Company _____	Telephone (____) _____
Address _____	

Name _____	
Relationship to You _____	Title _____
Company _____	Telephone (____) _____
Address _____	

AUTHORIZATION:

Please read carefully; initial each paragraph and sign below.

_____ I certify that the facts on this Employment Application, and on any other documentation provided by me in support of this application (such as a resume or CV) are true and complete. I further understand that any omission or misrepresentations made by me will be considered sufficient grounds for denying my application, withdrawing any offer of employment, or immediate discharge (in the event I become employed).

_____ I agree to submit to binding arbitration all disputes and claims arising out of the submission of this application, and understand and agree that submission to binding arbitration is a condition of my employment. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association.

_____ I understand that my submission of this application for employment does not mean there are any positions available and does not in any way obligate Spine and Sports Medicine Institute, Inc. I understand this application is not intended to be a contract of employment, express or implied, nor an agreement to employ me in the future. If offered employment, I acknowledge and agree that such employment is "at will", which is for an indefinite period, that employment may be terminated by either Spine and Sports Medicine Institute, Inc. or me at any time for any reason. If employed, I understand that Spine and Sports Medicine Institute, Inc may revise its benefits, policies and procedures and such changes could include reduction in benefits.

_____ I understand that (1) Spine and Sports Medicine Inc. has or may implement a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that job offer and continued employment may be based on me successfully passing job-related physical examinations.

Applicant's Signature

Date

Spine and Sports Medicine Institute, Inc.
Applicant Notification
Release of Information for Background Verification
and
Fair Credit Reporting Act

I understand that Spine and Sports Medicine Institute, Inc. will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment.

I understand that the consumer reporting agency will (or may) conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records, workers compensation claims, and criminal background. This investigation may be conducted (or repeated) at any time prior to, or after, my employment, and my continued employment is conditioned on the satisfactory results of such investigation.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I hereby consent to this investigation and authorize Spine and Sports Medicine Institute, Inc. to procure a report on my background as stated above from a consumer reporting agency.

Signature of Applicant: _____

Name of Applicant (print) _____

Date: _____

Date of Birth: _____

Drivers Lic. State/Number _____