

**SOUTH BEND ORTHOPAEDICS  
APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is the intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this form. Please print, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Status requested: Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_

When could you start work? \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_ (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you ever applied here before? Yes/When \_\_\_\_\_ No \_\_\_\_\_

Were you ever employed here? Yes/When \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any law violations? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give details \_\_\_\_\_

(Answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying are also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_ No \_\_\_

If "Yes", please explain \_\_\_\_\_

**EDUCATION**

Please list name and address of schools, number of years completed, diploma/degree/certificate received.

High School or GED \_\_\_\_\_ Years Completed \_\_\_\_\_  
Address \_\_\_\_\_ Degree Achieved? Yes \_\_\_ No \_\_\_

College or University \_\_\_\_\_ Years Completed \_\_\_\_\_  
Address \_\_\_\_\_ Degree Achieved? Yes \_\_\_ No \_\_\_  
Subjects Studied \_\_\_\_\_

Vocational or Technical \_\_\_\_\_ Years Completed \_\_\_\_\_  
Address \_\_\_\_\_ Degree Achieved? Yes \_\_\_ No \_\_\_  
Subjects Studied \_\_\_\_\_

**SKILLS**

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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List professional certifications/licenses, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**REFERENCES**

Have you worked or attended school under any other names? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give names \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", whom do you suggest we contact? Name/Phone \_\_\_\_\_

Have you ever been terminated involuntarily from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

Give three references, former employers are preferred. Provide name, address and phone.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**AFFIDAVIT**

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with my neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. In addition, understand that I may be asked to consent to a federal and/or state criminal background check as a condition of hire. This verification includes both a felony and misdemeanor conviction check in the applicant's state or county of residence. I hereby consent to a pre- and/or post-employment drug screen and/or federal and/or stated criminal background check as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by signature consent to these statements.

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