

## Application for Employment

*This application is not an employment contract, but merely is intended to evaluate suitability for employment.* Applicants are considered for employment based on ability and experience necessary to perform the job without regard to race, color, religion, sex, age, disability, citizenship status, national origin, participation in military service or any other basis prohibited by law. South Bend Orthopaedics, a division of Ascendant Orthopedic Alliance, will comply with its legal obligations to provide reasonable accommodation to qualified individuals with disabilities. Incomplete applications will be rejected.

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Last 4 of social</b>
<b>Present Street Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Telephone</b>	<b>Cell Phone</b>	<b>Email Address</b>	

Are you seeking:  Full-time  Part-time  Temporary

Date available for work: \_\_\_\_\_ Hourly/Salary Wage Requirements: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Have you ever been convicted of a felony (a crime other than a minor violation):  Yes  No

If yes, please state the nature of the conviction: \_\_\_\_\_  
(An affirmative answer will not automatically disqualify you for being considered as a candidate for employment.)

Are you currently or have you ever been sanctioned, suspended, debarred, or excluded by the Medicare, Medicaid or other Federal agency or program or in any other way prohibited from providing services to Medicare or other Federal program beneficiaries?  Yes  No

Have you ever been employed or interviewed by Ascendant/SBO?  Yes  No

If yes, please provide dates: \_\_\_\_\_

List any relatives employed by Ascendant/SBO: Name(s) \_\_\_\_\_  
 Relationship \_\_\_\_\_

### Employment History

(List below ALL previous employers, beginning with your present or most recent employer. Complete all questions for each employer. If you were unemployed for any period, state the nature of your activities.)

<b>1</b>	<b>Company Name</b>	<b>Telephone #</b>	<b>Dates of Employment</b>	<b>Supervisor</b>
	<b>Street Address, City, State, Zip</b>			<b>Job Title</b>
	<b>Describe your work duties</b>			
				<b>Last Hourly Rate (excluding Differential)</b>
	<b>Reason for leaving (please be specific)</b>			

<b>2</b>	<i>Company Name</i>	<i>Telephone #</i>	<i>Dates of Employment</i>	<i>Supervisor</i>
	<i>Street Address, City, State, Zip</i>			<i>Job Title</i>
	<i>Describe your work duties</i>			
				<i>Last Hourly Rate (excluding Differential)</i>
	<i>Reason for leaving (please be specific)</i>			

<b>3</b>	<i>Company Name</i>	<i>Telephone #</i>	<i>Dates of Employment</i>	<i>Supervisor</i>
	<i>Street Address, City, State, Zip</i>			<i>Job Title</i>
	<i>Describe your work duties</i>			
				<i>Last Hourly Rate (excluding Differential)</i>
	<i>Reason for leaving (please be specific)</i>			

<b>4</b>	<i>Company Name</i>	<i>Telephone #</i>	<i>Dates of Employment</i>	<i>Supervisor</i>
	<i>Street Address, City, State, Zip</i>			<i>Job Title</i>
	<i>Describe your work duties</i>			
				<i>Last Hourly Rate (excluding Differential)</i>
	<i>Reason for leaving (please be specific)</i>			

*Have you or any of your previous employers ever been sued or subject to any claim for actions arising out of and/or in the course and scope of your employment or other employment related action based upon your actions or failure to act?*

Yes  No *If yes, please explain and list previous employer's name:* \_\_\_\_\_

*Did you work under any other name for your current or previous employers?*  Yes  No

*If yes, please list previous name:* \_\_\_\_\_

*May we contact your present employer?*  Yes  No *If no, please explain:* \_\_\_\_\_

**Record of Education**

<i>School</i>	<i>Name and Address (City and State)</i>	<i>Number of Years Attended</i>	<i>Did you Graduate</i>	<i>Dates Attended</i>	<i>List type of degree, license, or certification received</i>
<i>High School</i>					
<i>College/Nursing School</i>					
<i>Specialized Training (Specify)</i>					
<i>Other</i>					

**Professional and Technical Information**

(R.N., L.P.N., C.M.A., O.T., P.T., Technicians, other professionals)

Are you licensed, certified, registered?  Yes  No

If yes, state the number of years licensed, certified, or registered: \_\_\_\_\_ In what State? \_\_\_\_\_

License: Type \_\_\_\_\_ Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Registration: Type \_\_\_\_\_ Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certification: Type \_\_\_\_\_ Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Additional Information**

Please use the space below to provide additional job-related information regarding special skills and qualifications to assist in evaluating your application.

**Professional References**

*(Please list 3 persons, other than relatives, who have known you for at least 1 year.)*

<i>Name</i>	<i>Relationship</i>	<i>Telephone #</i>	<i>How Known</i>	<i>Mailing Address</i>
<i>1.</i>				
<i>2.</i>				
<i>3.</i>				

**Applicant's Statement**

1. I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate, and complete and understand that the omission from and/or misrepresentation of and fact in this application or during any interview will be cause for rejection from employment, or if discovered after I am employed, immediate dismissal.
2. I hereby authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be done and information may be obtained through interviews with personal references and past employers. This inquiry may include information as to, among other things, my character, general reputation, and personal conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.
3. I hereby release all parties, including but not limited to South Bend Orthopaedics, a division of Ascendant Orthopedic Alliance, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action SBO takes on the basis of such information.
4. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.
5. I also certify that I may be required to work at other than my regular assignment, hours and location, including but not limited to overtime, as the needs of the organization require, and that my continued employment is subject to complying with those other rules, regulations, and conditions as established by management.
6. I understand that I will be required to abide by the Policies and Procedures of the organization, including but not limited to, personnel policies and procedures that may be revised at any time by management with or without notice.
7. I understand that I may be required to pass a physical examination, including a drug test, before a final offer of employment is made. Random drug testing may also be required at any time throughout my employment. By signing below, I consent to these procedures.
8. I understand that my application will remain on file for a period of sixty (60) days. After that time, it will be necessary to complete a new application for employment consideration with the organization.
9. I understand in making application for employment, an investigative report may be made by a consumer reporting agency and/or law enforcement agency to include, but not limited to, information as to my character, general reputation, personal characteristics, criminal records and mode of living, whichever may be applicable. If such an investigative report is made, I will receive notice that a report has been requested. I have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.
10. If hired, I agree to abide by all of the Organization's rules and regulations and understand that, if employed, my employment is at-will and may be terminated with or without cause and with or without notice at any time by either myself or the Organization. I further understand that no representation, whether oral or written, by any representative or agent of the Organization can constitute a contract of employment. I understand that the Organization and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. I further understand that no representative of SBO, other than the Board of Directors, has the authority to enter into any employment agreement for any specific period of time and that such agreement must be in writing to be binding.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

<b><i>For SBO Use Only:</i></b>	
Date Application Received: _____	By: _____ Company Representative

Revised: 01/05/2022