

Employment Application

Application Date: _____
Job Title: _____
Job Location: _____

Personal Information

First Name: _____
Last Name: _____
Email: _____

Contact Information

Mobile: _____
Alt. Phone: _____
Country: _____
Address: _____
City: _____
State: _____
Zip Code: _____

General Information

Are you applying for:
If Part-Time, specify days/hours: _____
Desired Salary: _____
Available Start Date: _____
Referred By: _____
Are any of your relatives presently employed with Fox Valley Orthopedics? _____
If yes, please provide names: _____
Have you ever been employed with Fox Valley Orthopedics? _____
If yes, please provide position(s): _____
Are you currently employed? _____
If yes, may we contact your present employer? _____
Can you perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? _____
If no, please explain: _____
Are you over 18 years of age? _____
(If no, you may be required to provide authorization to work.)
Do you have a valid driver's license? _____
(Only for positions where driving is a requirement of the job.)
Are you legally authorized to work in the United States? _____
(Presentation of documents verifying status and completion of 1-9 Form required within three business days after date of hire.)

Education/Training

High School
Name of School: _____
Location: _____
Grade Completed: _____
Graduate or GED? _____
College or University
Name of School: _____
Location: _____
Course or Major: _____
Years Completed: _____
Degree: _____
Graduate? _____
Graduate School
Name of School: _____
Location: _____
Course or Major: _____
Years Completed: _____

Degree: _____

Graduate? _____

Other School _____

Name of School: _____

Location: _____

Course or Major: _____

Years Completed: _____

Degree: _____

Graduate? _____

Do you have a professional license or certification? _____

If yes, please provide the following: _____

Type: _____

Expiration Date: _____

List below additional qualifications or specialized skills that relate to your ability to perform the job for which you have applied (i.e. computer software, equipment, etc.): - _____

- _____

- _____

- _____

- _____

- _____

- _____

Employment History

List your last 4 employers, starting with your present or most recent place of employment.

Current or Most Recent Employer

Position: _____

Start Date: _____

End Date: _____

Company Name: _____

City and State: _____

Company Phone: _____

Supervisor Name: _____

Supervisor Title: _____

Reason for Leaving: _____

2nd Previous Employer

Position: _____

Start Date: _____

End Date: _____

Company Name: _____

City and State: _____

Company Phone: _____

Supervisor Name: _____

Supervisor Title: _____

Reason for Leaving: _____

3rd Previous Employer

Position: _____

Start Date: _____

End Date: _____

Company Name: _____

City and State: _____

Company Phone: _____

Supervisor Name: _____

Supervisor Title: _____

Reason for Leaving: _____

4th Previous Employer

Position: _____

Start Date: _____

End Date: _____

Company Name: _____

City and State: _____

Company Phone: _____

Supervisor Name: _____

Supervisor Title: _____

Reason for Leaving: _____

References

List three work-related references that we may call. Do not list relatives or personal friends.

1st Reference

Name: _____

Title: _____

Company: _____

Phone: _____

Relationship: _____

Years Known: _____

2nd Reference

Name: _____

Title: _____

Company: _____

Phone: _____

Relationship: _____

Years Known: _____

3rd Reference

Name: _____

Title: _____

Company: _____

Phone: _____

Relationship: _____

Years Known: _____

Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or *in* writing, unless the change is specifically authorized in writing by the Chief Executive Officer of the company. I understand that this application is not a contract of employment. I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its "employment at will" policy.

I understand that federal law prohibits the employment of unauthorized aliens: all personal hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial or termination of employment.

I certify that all the statements herein are true, accurate and complete, and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I have read and agree to this disclaimer.

Applicant Signature: _____

Date: _____

Privacy Policy Acknowledgement

By checking this box, you acknowledge and consent to terms of the privacy policy which applies to the applicant tracking service being offered by Proliant on behalf of Fox Valley Orthopedics. The privacy policy offers an explanation of how and why your data will be collected, how it will be used and disclosed, how it will be retained and secured, and what legal rights are associated with that data (including the rights of access, correction, and deletion). The policy also describes legal and contractual limitations on these rights. The specific rights and obligations of individuals living and working in different areas may vary by jurisdiction.

Acceptance: I have read and agree to this statement