



APPLICATION FOR EMPLOYMENT

Orthopedic Associates of Lancaster, Ltd. is an Equal Opportunity Employer.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name		
Address	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number			
	- -			

Best time to contact you at home is: _____:_____ AM
PM

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives work here? Yes No
If Yes, state name and relationship _____

Are you currently employed? Yes No
Have you ever had computer access privileges revoked or denied by any health care institution? If yes, please explain _____ Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigrant Status? Yes No
Proof of citizenship of immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

(Must be filled in completely. Do not write "See Resume")

Start with your most recent job. Include any job-related activities and/or military service assignments.			
Employer & Supervisor Name	Dates Employed		Work Performed
	From	To	
Address			MUST BE FILLED IN COMPLETELY. DO NOT WRITE "SEE RESUME"
Telephone(s)			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May we contact? (circle one) Yes / No if no, why?			

Employer & Supervisor Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May we contact? (circle one) Yes / No if no, why?			

Employer & Supervisor Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May we contact? (circle one) Yes / No if no, why?			

COMMENTS

Include explanation of any gaps in employment:

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

List professional, trade, civic or business activities and offices held.

ADDITIONAL INFORMATION

List any Certifications and Accreditations in the Medical Field.

SPECIALIZED SKILLS

_____	Practice Management Software	_____	Microsoft Word	Other (list)
_____	Electronic Medical Records Software	_____	Microsoft Excel	_____
_____	Digital X-Ray Software	_____	Outlook	_____
_____	Film X-Ray	_____	MRI	_____
<i>State any additional skills and qualifications</i>				

PERSONAL/ PROFESSIONAL REFERENCES

Do not include family members

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete.

I understand that false or misleading information given in the interview process is grounds for immediate discharge and that I am required to abide by all rules and regulations of Orthopedic Associates of Lancaster, Ltd.

I authorize investigation of all information presented in this application for employment as may be necessary in arriving at an employment decision. This includes any reference checks and verification of any licenses and/or certifications.

I understand that I may voluntarily terminate my employment at any time. I further understand that I may be terminated involuntarily at will, with or without cause or prior notice, at any time.

In accordance with the Immigration Reform and Control Act of 1996, I am aware that my eligibility for employment must be verified by the completion of an I-9 and acceptable forms of supporting documentation.

This application for employment will be considered active for no longer than 30 days. Any applicant wishing to be considered for employment beyond this time period is expected to fill out a new application.

Signature of Applicant

Date



Orthopedic Associates of Lancaster, Ltd.
 2104 Harrisburg Pike
 Suite 100
 Lancaster, PA 17604

Phone: 717-391-2480
 Fax: 717-299-6430

Verification of Employment Form

To be completed by Applicant:

Printed Name _____

In evaluating my suitability for employment, I authorize Orthopedic Associates of Lancaster, Ltd. (OAL) to inquire into my educational, professional and past employment history as needed to research my qualifications for employment. I hereby give my consent to any former employer and educational institution, to provide employment-related information about me to OAL and release from liability OAL, its agents, its employees and those parties furnishing such information with respect to the information supplied. I acknowledge that OAL has made no representations of any kind as to whether employment will be offered at the conclusion of this investigation.

X _____
 Signature of Applicant

 Date

To be completed by the Former Employer:

Please provide the following information:

Name of Former Employer: _____

Dates of Employment _____ **To** _____

Position(s) held by individual: _____

Final Salary and Bonus (if applicable): _____

Reason for leaving: _____

Please rate the Applicant in each of the following areas in terms of his/her **meeting the performance expectations** for the positions held in your firm.

Job Skill	Exceeded	Met All	Met Most	Did Not Meet
Initiative	Exceeded	Met All	Met Most	Did Not Meet
Productivity	Excellent	Met All	Met Most	Did Not Meet
Quality Standards	Excellent	Met All	Met Most	Did Not Meet

Would this applicant be eligible for re-hire? _____ Yes _____ No

Comments: _____

 Signature/Title

 Date