



# 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 or 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	<b>Dates Employed</b>		<b>Work Performed</b>	
	From	To		
Address			MUST BE FILLED IN COMPLETELY. DO NOT WRITE "SEE RESUME"	
Telephone(s)				
Job Title	<b>Hourly Rate/Salary</b>			
Reason for Leaving	Starting	Final		
May we contact? (circle one) <b>Yes / No</b> if no, why?				
Employer & Supervisor Name	<b>Dates Employed</b>		<b>Work Performed</b>	
	From	To		
Address				
Telephone(s)				
Job Title	<b>Hourly Rate/Salary</b>			
Reason for Leaving	Starting	Final		
May we contact? (circle one) <b>Yes / No</b> if no, why?				
Employer & Supervisor Name	<b>Dates Employed</b>		<b>Work Performed</b>	
	From	To		
Address				
Telephone(s)				
Job Title	<b>Hourly Rate/Salary</b>			
Reason for Leaving	Starting	Final		
May we contact? (circle one) <b>Yes / No</b> 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.  
170 N. Pointe Blvd  
Lancaster, PA 17601

Phone: 717-299.4871  
Fax: 717-391-2494

## 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.

<b>Job Skill</b>	Exceeded	Met All	Met Most	Did Not Meet
<b>Initiative</b>	Exceeded	Met All	Met Most	Did Not Meet
<b>Productivity</b>	Excellent	Met All	Met Most	Did Not Meet
<b>Quality Standards</b>	Excellent	Met All	Met Most	Did Not Meet

**Would this applicant be eligible for re-hire?** \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date