



EMPLOYMENT APPLICATION

Your interest in Newport Orthopedic Institute is appreciated. A clear understanding of your background and work history will help us to evaluate your qualifications for employment. **Please print and answer each question completely.** We look forward to receiving your application.

A. APPLICANT'S NAME AND ADDRESS

Last name: _____ First name: _____ Initial: _____

Today's Date: ____/____/____ Social Security Number: ____-____-____

Permanent Address _____

City _____ State _____ Zip Code _____

Phone: Days (____) _____ Evenings (____) _____ Best time to call you? _____

Are you less than 18 years of age? (If yes, a work permit will be required) Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

If hired, can you provide proof of identity and legal authorization to work in the U.S? Yes No

Other name(s) under which you have been previously employed or attended school.

Names of friends or relatives employed in this organization.

Have you ever applied to this organization before? Yes No

If yes, give date and position applied for _____

Have you ever been employed by our organization before? Yes No

If yes, give dates of employment and position(s) held _____

Have you ever been convicted of a crime, felony or misdemeanor, or are you out on bail or on your own recognizance pending trial for such offense? Yes No

[A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court. You may exclude a conviction of possession of marijuana, if the conviction occurred more than two years ago. (Cal. Labor Code, Sec. 432.8) You may exclude those convictions that have been judicially sealed, expunged or statutorily eradicated. You may also exclude a misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.]

If yes, state location, date and description (A conviction will not necessarily disqualify you from employment) _____

B. EMPLOYMENT INTERESTS

Position applying for: _____

Type of employment you are seeking: Full-Time Part-Time Temporary

Shifts you can work: Day Evening Night

Are you able to work a flexible work schedule or overtime? Yes No

How were you referred to our organization? _____

Name of referral source: _____

Driving Jobs Only: Has your driver's license been revoked or suspended in the last three years?

Yes No Driver's License No. _____ Class _____ State _____

Have you ever been terminated or asked to resign? If yes, please explain. Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

C. Education & Training

Name & Address of School	Major	Number of Years or Units Completed	Degree/Diploma
High School			
College/University			
Other			
Other			

Professional Certificates or Licenses Held _____

Are you taking any educational or training courses presently?

Yes No If yes, what courses and where? _____

In the space below, provide any additional information you feel will assist us in evaluating your qualifications for employment, including technical training and education, honors or special skills.

D. EMPLOYMENT HISTORY

Please give your complete employment history by listing your current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comment on each period. Also, include part-time or summer work. If necessary, you use extra sheets for additional information.

1. Employer _____ Dates Employed: From _____ To _____

Address _____ Base Rate of Pay: Start _____ End _____

Position _____ Supervisor's Name & Phone Number _____

Description of Duties _____

Reason for leaving _____

2. Employer _____ Dates Employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number _____
 Description of Duties _____
 Reason for leaving _____

3. Employer _____ Dates Employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number _____
 Description of Duties _____
 Reason for leaving _____

4. Employer _____ Dates Employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number _____
 Description of Duties _____
 Reason for leaving _____

May we contact your former employers? Yes No
 Are you currently employed? Yes No
 If so, may we contact your current employer? Yes No

E. References

List people we may contact who are qualified to evaluate your capabilities. Do not include family members or relatives.

Name	Address	City/State/Zip	Telephone	Occupation	Years Known

APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENT

1. I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of a medical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol testing should I be offered a position with the Company. I understand that my employment will be contingent upon successful completion of such an examination or testing.
2. I hereby certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in immediate dismissal regardless of the time elapsed before discovery.
3. I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications and suitability for employment. I further authorize my former employers, references, schools and any other organization to disclose to the Company (without giving me prior notice of such disclosure) any and all information about my previous employment and education, along with other pertinent information they may have.

In addition, I hereby release Newport Orthopedic Institute, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

4. I expressly agree and understand that, if employed, my employment is for an unspecified term and is at-will. Therefore, my employment can be terminated, with or without cause, and with or without prior notice, at any time, at my option or at the Company's option. Although other terms or conditions of employment may change, this at-will employment relationship will remain in effect throughout my employment. I also understand that this aspect of my employment, which includes the Company's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and a member of the executive management of the Company.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, services, patients, providers, vendors, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit employees of the Company either during my employment or after my employment termination.
6. The statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between me and the Company regarding these matters.

I certify that I have read, fully understand and accept all of the above terms and statements.

Signature of Applicant

Printed Name

Date