



**Slocum Orthopedics, P.C.
Applicant Data Record**

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. Applicants are considered for all positions and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status, or any on-the-job related handicap or medical condition, or any other legally protected status.

As an employer taking affirmative action to ensure the removal of any possible past discrimination and to help comply with governmental record-keeping requirements, we would appreciate you completing the following form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY**, and refusal to provide it will not subject you to any adverse treatment. This data will be separated from the remainder of your job application before the application is considered for possible employment. **This information will be kept in a confidential file, without your name on it, separate from your application for employment.**

The information obtained may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven race/ethnicity categories identified below.

Date: _____
Position(s) applied for: _____

PERSONAL TRAITS:

Male Female

INVITATION TO SELF-IDENTIFY
PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? You may mark only one box.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment
- Two or More Races (not Hispanic or Latino)**

Check any that apply:

- Vietnam Era Veteran Disabled Veteran Handicapped Person

How were you referred to our company?

- Newspaper advertisement
- Online ad. If so, which website: _____
- Other magazine or periodical: _____
- A private employment agency
- A relative or friend employed by this company
- Other, explain: _____



orthopedics, p.c.

EMPLOYMENT APPLICATION FORM

(Please print or type all answers)

Date _____ 20 _____

Name _____ SSN _____
Last, First

Address _____ Phone _____
Street, City, State, Zip

Email (optional) _____

Previous Address _____

Date you are available to start work _____

Position Applied For _____ Expected Salary _____

Part-time [] Full-time []

Are you available to work flexible hours, if needed, e.g. until 8:00 PM some evenings?

Yes [] No []

Are you available to work overtime, if needed? Yes [] No []

Have you ever worked or applied for work with Slocum in the past? Yes [] No []

Position _____

Can you, after a job offer is made, furnish evidence of your legal right to work in the U.S.?

Yes [] No []

EDUCATION:

[] High School Graduate [] GED [] College Graduate
[] Some College [] Graduate School

NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE

High School _____

College or University _____

Degree/Diploma _____ Major _____

Business or Professional School _____

Degree/Diploma _____ Major _____

EXPERIENCE (Position held, including military service – List last position first)

1. Company _____ From _____ To _____
Address _____ Salary _____
Supervisor _____
Job Title and Brief Description of Responsibilities _____

Reason for leaving _____

Has notice been given to present employer? Yes No

Yes, you may call _____ for reference. Telephone _____

2. Company _____ From _____ To _____
Address _____ Salary _____
Supervisor _____
Job Title and Brief Description of Responsibilities _____

Reason for leaving _____

Has notice been given to present employer? Yes No

Yes, you may call _____ for reference. Telephone _____

3. Company _____ From _____ To _____
Address _____ Salary _____
Supervisor _____
Job Title and Brief Description of Responsibilities _____

Reason for leaving _____

Has notice been given to present employer? Yes No

Yes, you may call _____ for reference. Telephone _____

4. Company _____ From _____ To _____
Address _____ Salary _____
Supervisor _____
Job Title and Brief Description of Responsibilities _____

Reason for leaving _____

Has notice been given to present employer? Yes No

Yes, you may call _____ for reference. Telephone _____

PROFESSIONAL TRAINING: _____

LICENCE(S) / CERTIFICATE(S)

Number	Date Issued	Date renewed or due for renewal

SKILLS

Typing: Yes No

Computer: Are you proficient using: (Please check programs you are comfortable using.)

WordPerfect Word Excel Access PowerPoint

Other(s): _____

Other special skills: _____

5. Have you ever been convicted of a crime other than minor traffic violations?

Yes No

If yes, describe and state when and where the conviction occurred.

(A conviction may be relevant if job related, but will not necessarily disqualify an applicant from possible employment.)

6. Have you ever been excluded from any government reimbursement program? Yes No

Use this space for any additional information you would like us to have to help judge your qualifications. (Use back side of paper or other page(s) if needed.)

7. Have you ever been terminated from a position? Yes No

If yes, please describe from what position, when and why? _____

I understand that the information on this employment application has been requested for purposes of evaluating my qualifications in regard to the requirements of the specified position.

I understand that if I am employed by Slocum Orthopedics, P.C., my employment is "at will:" that I or Slocum Orthopedics, P.C. may terminate the employment relationship at any time, for any reason, with or without notice.

I understand and agree that at no time, whether I am a Slocum employee or not, will any information regarding Slocum patients be revealed to anyone other than those authorized to receive it. I understand that the giving of information concerning a patient to those not authorized to receive such information is unlawful and cannot be tolerated.

I give Slocum the right to contact and obtain information from all references, employers and educational institutions identified, to verify the accuracy of the information contained in this application and to check my criminal background. I release from liability Slocum and its representatives for seeking, gathering and using such information, and all other persons, corporations, or organizations for furnishing such information.

I understand that if hired, I must provide proof of identity and legal work authorization.

I understand that offers of employment are conditional on my successfully completing any pre-employment tests that may be required for the position.

After 90 days, if I have not heard from Slocum and still wish to be considered for employment, I understand that I will need to fill out a new application.

I hereby acknowledge that I have read the above statements and understand each and all of these statements. I certify that all information provided on this application is true to the best of my knowledge, information and belief, and I understand that any misrepresentation disqualifies me for employment with Slocum, whenever such misrepresentation may be discovered.

Applicant's Signature

Date

EQUAL OPPORTUNITY EMPLOYER

Slocum is an Equal Opportunity Employer.

Slocum has a policy of non-discrimination in employment and treatment of its employees.

Slocum will not discriminate against any employee or applicant for employment because of age (within legal limits), race, religion, color, national origin, sexual orientation, ancestry, sex, disability (within ADA guidelines), or any other legally protected class, with respect to hiring, recruitment, promotion, demotion, transfer, termination, salary level or other forms of compensation, and other employment privileges.

**REFERENCE AUTHORIZATION
AND WAIVER**

I authorize and request my former employers, references, educational institutions and any credit agencies or reporting services which have information about me, to give Slocum Orthopedics P.C. any and all information and opinions about me in their possession and which may lawfully be disclosed.

I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions and credit agencies or reporting services from any liability or claim relating to such release of information and opinions.

I also authorize and request federal, state and local governmental agencies to release to Slocum Orthopedics, P.C., any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Applicant's Signature

Date