

Children's Orthopaedic and Scoliosis Surgery Associates, LLP

EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

1. WHO AND WHAT POSITION ARE YOU APPLYING FOR?

Name: _____

Job Title: _____ Location: _____

2. HOW DO WE CONTACT YOU?

Social Security Number _____ - _____ - _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

Fax Number () _____ E-mail Address _____

3. TELL US ABOUT YOUR EDUCATION:

High School (Name) _____ (Location) _____

Diploma Other (Specify) _____ Highest Grade Completed _____

College Graduate? Yes No If no, give total credit received _____ Your Name If Different While Attending School _____

Give name & address of school, major course of study, and degree received.

Undergraduate College / University		Graduate School	
Degree	Year Degree Obtained	Degree	Year Degree Obtained
Pertinent Undergraduate Courses	Credits	Pertinent Graduate Courses	Credits

Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Do you possess a valid driver's license? Yes No _____ If yes, provide
(State)

Number _____ Expiration Date _____ Class: (check one) A B C D E F

References, please provide names below:

Name _____ Who are they? _____ Contact Information _____
Name _____

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job? Yes No If yes, explain _____

Are you legally authorized to work in the United States? Yes No

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Children's Orthopaedic and Scoliosis Surgery Associates, LLP (COSSA) which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of COSSA to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____

4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
May we contact this employer? Yes No
Job Duties (give details)

Reason for Leaving

2. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

3. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

4. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

5. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

6. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving
