

# Application for Employment



**For Sports Medicine & Orthopaedics**  
*Because Life Happens In Motion*

All applicants will be considered for employment without regard to race, color, sex, national origin, age, marital or veteran status, medical condition, handicap or disability, sexual orientation, citizenship status or any other status protected by law. We are an Equal Opportunity Employer.

## Instructions

The information you provide will be treated in a confidential manner. Your responses should be accurate and complete so that your background may be carefully evaluated.

THIS APPLICATION BECOMES VOID AFTER ONE YEAR UNLESS RENEWED. PLEASE PRINT CLEARLY.

## PERSONAL

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Soc.Sec.# \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

What type of employment are you seeking?  Full-time  Part-time  Temporary  PRN

Do you currently use tobacco products of any kind?  Yes  No

Who referred you to our company?  Advertisement  Employment Agency  Friend  Relative  Walk-in Other \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If No, a work permit will be required.

Date you are available to start work \_\_\_\_\_ Salary or wages desired \$ \_\_\_\_\_

Have you ever applied here before?  Yes  No If Yes, enter date here \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you ever employed here?  Yes  No If Yes, enter date here \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed at the present time?  Yes  No If Yes, can we contact your present employer?  Yes  No

Have you ever worked or attended school under another name? IF Yes, give names: \_\_\_\_\_

Do you currently hold a professional license/certification(if applicable) for the position you are applying for?  Yes  No

If so, please list and attach a copy.

Have you ever been convicted of a crime (including misdemeanors and traffic offenses)?  Yes  No

If Yes, list convictions: ( a conviction does not necessarily disqualify an applicant for the position being applied for).

## EDUCATION

High School or GED \_\_\_\_\_  
name of school address

degree or credits received course studied years completed

College or University \_\_\_\_\_  
name of school address

degree or credits received course studied years completed

Trade, Business, or Correspondence School \_\_\_\_\_  
name of school address

degree or credits received course studied years completed

# SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications, training or skills you have acquired. List all equipment and software skills.

## FORMER EMPLOYERS (Start with the most recent employer)

<b>Employer:</b>	<b>Phone:</b>	<b>From:</b>	<b>To:</b>
	( )		
<b>Address:</b>	<b>City, State, Zip</b>	<b>Position:</b>	
		<b>Supervisor's Name:</b>	
<b>Duties:</b>			
		<b>Pay: Start</b>	
<b>Reason for leaving:</b>		<b>Pay: Final</b>	

<b>Employer:</b>	<b>Phone:</b>	<b>From:</b>	<b>To:</b>
	( )		
<b>Address:</b>	<b>City, State, Zip</b>	<b>Position:</b>	
		<b>Supervisor's Name:</b>	
<b>Duties:</b>			
		<b>Pay: Start</b>	
<b>Reason for leaving:</b>		<b>Pay: Final</b>	

<b>Employer:</b>	<b>Phone:</b>	<b>From:</b>	<b>To:</b>
	( )		
<b>Address:</b>	<b>City, State, Zip</b>	<b>Position:</b>	
		<b>Supervisor's Name:</b>	
<b>Duties:</b>			
		<b>Pay: Start</b>	
<b>Reason for leaving:</b>		<b>Pay: Final</b>	

<b>Employer:</b>	<b>Phone:</b>	<b>From:</b>	<b>To:</b>
	( )		
<b>Address:</b>	<b>City, State, Zip</b>	<b>Position:</b>	
		<b>Supervisor's Name:</b>	
<b>Duties:</b>			
		<b>Pay: Start</b>	
<b>Reason for leaving:</b>		<b>Pay: Final</b>	

## PROFESSIONAL REFERENCES List 3 professional references (exclude personal references and relatives).

<b>Name</b>	<b>Business</b>	<b>Address</b>	<b>Phone</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

# AUTHORIZATION

---

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

The company in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order to that I may learn the information contained in any reports furnished to the Company

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

The Center For Sports Medicine & Orthopaedics is a Tennessee Drug Free Workplace. I understand that the Center For Sports Medicine & Orthopaedics requires a post-offer employment drug test as a condition of employment and by signing a consent agreement will release the Center from liability. I realize that a positive drug test will disqualify me from employment with the company. Each employee, as a condition of continued employment, is subject to reasonable suspicion, random and post-accident/injury testing. I further understand that Occupational Health Services provides the services for collecting the specimens and all results will be sent to the Center.

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_