

APPLICATION FOR EMPLOYMENT
(when completed fax to 630-553-9306)

PLEASE PRINT - Fill in all areas.
(Attaching a copy of your resume is not sufficient)

DATE: _____

Office use only:

1st _____ @ _____

2nd _____ @ _____

3rd _____ @ _____

Clinical score _____ % Clerical Score _____ %

SS#: _____

DOB: _____

Date of Hire: _____ EE# _____

Termination Date:: _____

Name _____
First Middle initial Last Maiden

Please provide all names/assumed names which you have used: _____

Present address _____
Number Street City State Zip

Home Telephone (____) _____ If under 18, please list age _____

Work Telephone (____) _____

Cell or other Telephone (____) _____ Email address: _____

Type Of School	Name Of School	City and state MUST PROVIDE a contact Phone# for verification	Number Of Years Completed	✓ Major & Degree ✓ Diploma- yes/no ✓ Seminars—please list.
High School				Diploma- <input type="checkbox"/> yes <input type="checkbox"/> no
College				Diploma- <input type="checkbox"/> yes <input type="checkbox"/> no
Bus. or Trade School				Diploma- <input type="checkbox"/> yes <input type="checkbox"/> no
Professional School				Diploma- <input type="checkbox"/> yes <input type="checkbox"/> no
Seminars continuing education				Certificate - <input type="checkbox"/> yes <input type="checkbox"/> no

MILITARY

1-) Have you ever been in the armed forces? yes no 2-) Are you now a member of the national guard? yes no
 Specialty _____ Date Entered _____ Discharge Date _____

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Are you currently employed? _____ Date available for work _____ Position applied for _____ Have you interviewed with us before? _____ If yes, Date, & position applied for: _____ Have you ever been employed by us? _____	Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PART-TIME <input type="checkbox"/> PRN (AS needed)
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If hired by The Centers for Foot & Ankle Surgery, Ltd., Do you expect to be engaged in any other business or employment? If yes, please explain _____
 If offered employment will you be able to provide proof of identity and authorization to work in the U.S.? _____

PROFESSIONAL LICENSE	
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CNA professional license # : _____ . **What is the status of the license:** _____
Has it ever been subject to disciplinary action, revocation or suspension: yes no **If yes, please explain:** _____

OFFICE SKILLS	
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Typing WPM _____ Foreign languages spoken fluently: _____
 Computer Skills: Word Excel e-mail other (Medical software please specify): _____
 Phone system Type (how many incoming phone lines?: _____
Medical/Office Equipment: _____

Work Experience Begin with your **most recent job held**. If you were self-employed, give firm name. **PLEASE enter specific job descriptions, responsibilities etc.**

May we contact your present employer? Yes No

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number: _____ Fax number: _____	Employment dates	Pay or salary
	From: _____	Start: _____
	To: _____	Final: _____

Full name of Supervisor: _____	Your last job title: _____
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Reason for leaving (be specific):

JOB DESCRIPTION: List responsibilities, duties performed, skills used or learned, advancements or promotions.

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Work Experience continued		
Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number: _____ Fax Number: _____	Employment dates	Pay or salary
	From: _____	Start: _____
	To: _____	Final: _____
Full name of Supervisor: _____	Your last job title: _____	
Reason for leaving (be specific): _____		
JOB DESCRIPTION: List responsibilities, duties performed, skills used or learned, advancements or promotions.		

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number: _____ Fax Number: _____	Employment dates	Pay or salary
	From: _____	Start: _____
	To: _____	Final: _____
Full name of Supervisor: _____	Your last job title: _____	
Reason for leaving (be specific): _____		
JOB DESCRIPTION: List responsibilities, duties performed, skills used or learned, advancements or promotions.		

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Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number: _____ Full name of Supervisor: _____	Employment dates	Pay or salary
	From: _____ To: _____	Start: _____ Final: _____
Your last job title: : _____		
Reason for leaving (be specific): _____		
JOB DESCRIPTION: List responsibilities, duties performed, skills used or learned, advancements or promotions.		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any **additional** information necessary to describe your full qualifications for the specific position for which you are applying. List other skills, knowledge, areas of expertise that would assist in the current position you are applying for:

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Position _____ Company _____ Address _____ _____ Telephone () _____ Years Known _____ Relationship _____	Name _____ Position _____ Company _____ Address _____ _____ Telephone () _____ Years Known _____ Relationship _____
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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Centers for Foot & Ankle Surgery, Ltd. I agree that: Please initial each paragraph to confirm you have read and understand its content. Thank you.

Initials_____ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Centers for Foot & Ankle Surgery, Ltd. , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of The Centers for Foot & Ankle Surgery, Ltd. Both the undersigned and The Centers for Foot & Ankle Surgery, Ltd., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that The Centers for Foot & Ankle Surgery, Ltd. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

Initials_____ I authorize a criminal background check as well as investigation of all statements contained in this application. Including but not limited to dates of employment, salary/hourly pay, job descriptions etc. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give The Centers for Foot & Ankle Surgery, Ltd. permission to contact: licensing agencies, schools, previous employers (unless otherwise indicated), references, and consumer reporting agency, including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, The Centers for Foot & Ankle Surgery, Ltd. will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act, and hereby release The Centers for Foot & Ankle Surgery, Ltd. from any liability as a result of such contact.

I release the listed references and all previous and present employers to provide any and all applicable information they may have related to my potential employment with the Practice. I hereby release these references and former employers from all liability for any employment related information they may provide to the representative of the (The Centers for Foot and Ankle Surgery, Ltd dba/ Foot & Ankle Centers).

Initials_____ I understand that (1) The Centers for Foot & Ankle Surgery, Ltd. has a drug and alcohol policy that may result in pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Applicants Name: (PLEASE PRINT): _____

Signature of applicant: _____ Date: _____

The Centers for Foot & Ankle Surgery, Ltd. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, military service, or other status protected by law. We assure you that your opportunity for employment with The Centers for Foot & Ankle Surgery, Ltd. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.