



# APPLICATION FOR EMPLOYMENT

Human Resources • 2531 Cleveland Ave. • Suite 1 • Ft. Myers, FL 33901  
 Phone: (239) 461-6313 • Fax: (239) 461-6391 • Website: www.osswf.com

Please print and answer all questions. Resumes are not accepted in lieu of completion of this application.  
 If you need assistance in completing this application, please notify the Human Resources Department.

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Daytime Evening Best time to contact you?

1. Are you 18 years of age or older?  YES  NO
2. Do you have a legal right to work in the United States?  YES  NO
3. Have you ever been employed by Orthopedic Specialists?  YES  NO
4. Do you have any relatives currently working for Orthopedic Specialists?  YES  NO
5. Have you ever been terminated or forced to resign from any employment?  YES  NO

If yes, please explain: \_\_\_\_\_

6. Have you ever been convicted of, had adjudication withheld, pled nolo contendere, or pled guilty to a misdemeanor or felony criminal offense?  YES  NO

If yes, please explain: \_\_\_\_\_

## JOB INTEREST

Position Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

- Will you accept:
- Temporary or seasonal work?  YES  NO
  - Full-time work?  YES  NO
  - Part-time work?  YES  NO
  - Other: \_\_\_\_\_  YES  NO

Specify any days or hours NOT available for work: \_\_\_\_\_

**APPLICANT'S STATEMENT (please read carefully)**

I certify that all information on this employment application, related employment papers, and all interviews are true and correct. Any misrepresentation by me will be sufficient for cancellation of this application and/or separation from service if I have been employed by Orthopedic Specialists of SW Florida.

\_\_\_\_\_  
Initials

I understand that just as I am free to resign at any time, Orthopedic Specialists of SW Florida reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that no representative at Orthopedic Specialists other than the Administrator in writing has the authority to enter into any agreement contrary to the foregoing.

\_\_\_\_\_  
Initials

I understand that my employment is contingent upon satisfactory results in the screening and background investigation process, which may include a criminal background and/or abuse registry check, verification of my ability to perform the essential functions of the position of which I have applied, and references from previous employers.

\_\_\_\_\_  
Initials

I authorize Orthopedic Specialists to investigate all references and to secure additional information about me, if job related. I hereby release from liability Orthopedic Specialists of SW Florida and its representatives for seeking such information and all other persons or corporations for furnishing such information. I hereby waive any rights or claims I may have, whether presently fully developed or not, against Orthopedic Specialists, or its agent's employers arising out of the release - authorized or unauthorized - of any information received pursuant to or in connection with handling, processing, investigation of my application for employment. I authorize the release of any employment information about me to future employers.

\_\_\_\_\_  
Initials

If hired, I agree to conform to the policies and procedures of Orthopedic Specialists and that the contents of the employee handbook or personnel manuals, as well as the policies and practices, are subject to change or modification by Orthopedic Specialist, solely at its discretion without notice. I understand and agree that it is my responsibility to be aware of any such changes or modifications.

\_\_\_\_\_  
Initials

I understand that Orthopedic Specialists of SW Florida is an Equal Opportunity Employer and does not discriminate in employment regardless of race, color, sex, religion, national origin, age, handicap, disability, marital status, or any other classification protected by law and that no question on this application is used for that purpose of limiting or excusing any applicant's considerations for employment on a basis prohibited by State or Federal Law. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact my department supervisor or the Director of Human Resources immediately to obtain assistance in the resolution of such matters.

**I hereby represent and warrant that I have read and fully understand the foregoing, and seek employment understanding these conditions and of my own free will and in accordance with my own judgement.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EDUCATIONAL HISTORY AND TRAINING

**A.** List schools attended, starting with the MOST RECENT. **B.** Indicate if graduated (YES/NO). **C.** Indicate degree, diploma, or certificate earned, if any. **D.** Indicate field of study, if applicable.

A. School / Location	B. Graduate? YES/NO	C. Degree, Diploma, or Certificate	D. Field of Study
1.			
2.			
3.			

## PROFESSIONAL CERTIFICATES AND LICENSES:

Type of Certificate or License	Certificate / License Number	Issued By What State?	Expiration Date

Have you ever had, or do you currently have pending, any disciplinary action, suspension, or revocation taken by any licensing body or authority?  YES  NO

If yes, please explain why: \_\_\_\_\_

## EXPERIENCE:

Beginning with the most recent, list your present and past employment in the following boxes. All spaces MUST be completed. A resume may be used to supplement, but not substitute for, employment information.

Employer Name / Address	Employment Dates Month / Year	Your Job Title	Wage	Telephone
_____ _____ _____	From: _____ / _____  To: _____ / _____	_____ _____	\$ _____  per _____	( _____ ) _____  May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Duties: \_\_\_\_\_

Reason for leaving (if you quit, indicate why. If you were terminated, indicate the reasons you were given.)

Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.

**EXPERIENCE (continued):**

Employer Name / Address	Employment Dates Month / Year	Your Job Title	Wage	Telephone
_____	From: _____ / _____	_____	\$ _____	( _____ )
_____	To: _____ / _____	_____	per _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____				
Job Duties: _____				
_____				
Reason for leaving (if you quit, indicate why. If you were terminated, indicate the reasons you were given.)				
_____				
_____				
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.				
_____				
_____				

Employer Name / Address	Employment Dates Month / Year	Your Job Title	Wage	Telephone
_____	From: _____ / _____	_____	\$ _____	( _____ )
_____	To: _____ / _____	_____	per _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____				
Job Duties: _____				
_____				
Reason for leaving (if you quit, indicate why. If you were terminated, indicate the reasons you were given.)				
_____				
_____				
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.				
_____				
_____				

Employer Name / Address	Employment Dates Month / Year	Your Job Title	Wage	Telephone
_____	From: _____ / _____	_____	\$ _____	( _____ )
_____	To: _____ / _____	_____	per _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____				
Job Duties: _____				
_____				
Reason for leaving (if you quit, indicate why. If you were terminated, indicate the reasons you were given.)				
_____				
_____				
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.				
_____				
_____				