



APPLICATION FOR EMPLOYMENT ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

Date Completed: _____

PERSONAL INFORMATION *(Please complete all items)*

Name: _____ SSN: _____

Telephone Number (or other means of contact): _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen? Yes No

If not, are you an alien who is authorized to work in the United States?

Yes No

General Information

Position or type of work desired: _____

Date available: _____

Salary Desired: _____

Previously employed by OIP? Yes No

Have you ever been convicted of a crime? Yes No

If yes, when and for what reason? _____

Educational Background

Name and location of school last attended: Name: _____ Location: _____

Dates attended: From: _____ To: _____ GPA: _____



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Name and location of college or other schools attended:

Name: _____ Location: _____

Dates attended: From: _____ To: _____ GPA: _____

Major: _____ Degree: _____

Name: _____ Location: _____

Dates attended: From: _____ To: _____ GPA: _____

Major: _____ Degree: _____

Name: _____ Location: _____

Dates attended: From: _____ To: _____ GPA: _____

Major: _____ Degree: _____

Name: _____ Location: _____

Dates attended: From: _____ To: _____ GPA: _____

Major: _____ Degree: _____

Military Experience

Branch of U.S. Military: USN USMC USA USCG National Guard

Rank at Discharge _____

Active Duty Entry Date: _____ Date of Discharge _____

Training or Specialty: _____



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References: List three Supervisors, Instructors or individuals who can evaluate your work performance (no relatives please)

	Name	Address	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Employment History (List last or present employer first)

Employer #1 Name & Address _____

Job Title & Responsibilities _____

From: _____ To: _____ Supervisor's Name: _____

Phone Number: _____ Salary: _____

Reason for Leaving: _____

Employer #2 Name & Address _____

Job Title & Responsibilities _____

From: _____ To: _____ Supervisor's Name: _____

Phone Number: _____ Salary: _____

Reason for Leaving: _____

Employer #3 Name & Address _____

Job Title & Responsibilities _____

From: _____ To: _____ Supervisor's Name: _____

Phone Number: _____ Salary: _____

Reason for Leaving: _____



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Have you ever been discharged from a job? Yes No

If yes, please explain fully: _____

Professional licenses and/or Certificates

Type: _____ State Issued: _____ Date Issued: _____ Expires: _____

Type: _____ State Issued: _____ Date Issued: _____ Expires: _____

Type: _____ State Issued: _____ Date Issued: _____ Expires: _____

Please read carefully before signing.

I hereby certify that the information contained in this application is true and complete. I understand and agree that any false information or concealment of fact will automatically result in rejection of this application or discharge if discovered subsequent to my employment.

I understand and agree that all information furnished in this application may be verified by Orthopedic Institute of Pennsylvania. I also understand that any employment is subject to satisfactory check of references. I hereby authorize all individuals and organization named or referred to give Orthopedic Institute of Pennsylvania all information relative to my employment, work habits, and character and hereby release the individuals, organization and Orthopedic Institute of Pennsylvania from any liability for any claim or damage which may result.

I further understand that this application is not intended to be a contract of employment nor does this application obligate the employee in any way if the employer decides to employ me.

Signature of Applicant: _____

Date: _____

All employment practices at Orthopedic Institute of Pennsylvania are strictly based upon the qualification of the individual as related to the work requirement of the job. This criteria is utilized without regard to sex, race, color, religion, national origin, ancestry, age, physical handicap, marital status, veteran's status or any other irrelevant factors.

Orthopedic Institute of Pennsylvania is an Equal Opportunity Employer.