

EMPLOYEE APPLICATION

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

Our company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to hire, compensate, and offer benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the American With Disability Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable laws and the information requested on the application will only be used for purposes consistent with those laws. Applications will only be considered for thirty (30) days from date submitted, or until the position applied for is filled, whichever first occurs.

COMPANY NAME: Stephen J. Nicholas, MD, PC 'dba' NY Orthopedics
 POSITION APPLIED FOR: _____ DATE _____

PERSONAL DATA

Hourly wage expectations: _____/hour

Last Name _____ First _____ Middle _____

Street Address _____ City _____ State/Zip Code _____ Telephone Number _____

If under 18 years of age, please specify your age here _____. This information will be used only for child labor law purposes.

Are there any days, shifts or hours you will not work? _____ If yes, please identify them:

Are you available to travel to our various sites? _____ Will you work overtime, if required? _____

When will you be able to start work? _____

Have you taken any illegal drugs in the last 30 days? _____

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes ☐ No ☐

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, describe the nature of the intentional tort and the disposition of the action:

How did you learn of our company? _____

If referral, who were you referred by? _____

Have you ever applied to or worked at our company before? Yes ☐ No ☐ If yes, provide dates of application(s) and (if applicable) of employment:

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

Will you now or in the future require the company to commence (sponsor) an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? Yes ☐ No ☐

Note: The Federal Immigration and Reform and Control Act of 1986 required that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. The federal requirement must be satisfied as a condition of employment.

RESIDENCES: (Please provide your addresses of residence for the past seven years beginning with the most recent address.)							
Street Address	City, State and Zip Code			From:	To:		
Street Address	City, State and Zip Code			From:	To:		
Street Address	City, State and Zip Code			From:	To:		
Street Address	City, State and Zip Code			From:	To:		
Street Address	City, State and Zip Code			From:	To:		

EDUCATION: (May or may not be considered depending on job applied for.)							
Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:							
Name, City and State of Educational Institute	Graduated?		If no, Degree, Credits earned	Types of Degree(s) Received or Expected	Major	Minor	Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/Certifications/Other							

EMPLOYMENT HISTORY: (Please complete for all full-time or part-time employment beginning with the most recent employer. You may include as part of your employment history any verifiable volunteer work.)

Company Name		Tel #		
Address		Dates Employed	From:	To:
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason for leaving (include whether separation was voluntary or involuntary)		

Company Name		Tel #		
Address		Dates Employed	From:	To:
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason for leaving (include whether separation was voluntary or involuntary)		

Company Name		Tel #		
Address		Dates Employed	From:	To:
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason for leaving (include whether separation was voluntary or involuntary)		

Company Name		Tel #		
Address		Dates Employed	From:	To:
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason for leaving (include whether separation was voluntary or involuntary)		

REFERENCES: (Please list three persons not related to you who know your qualifications.)

Name	Address	Phone	Relationship

Have you ever been discharged or forced to resign? Yes ☐ No ☐

If yes, explain:

Did you receive any discipline in the last 12 months of your most recent employment? Yes ☐ No ☐

If yes, explain:

Were you given a performance evaluation within the last 12 months of your most recent employment? Yes ☐ No ☐ If yes, what was the range of scores used and what was your score _____

Have you signed any non-competition, nonsolicitation or any other agreement with any other employer that might restrict you from working for this company and/or, that might restrict what duties you can perform for this company?

Yes ☐ No ☐ If yes, please explain: _____

(You may be required to furnish a copy of the agreement)

MILITARY SERVICE: (Compete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank of Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for: _____

CRIMINAL RECORD INFORMATION

All Applicants: You must answer question below.

Have you ever been convicted of a crime? Please exclude any juvenile convictions, convictions that are sealed, and any convictions that were dismissed in your favor.

Yes ☐ No ☐ Date of Conviction: _____

Identify crime(s), penalty(ies) imposed, the nature of your offense(s), and your rehabilitation since the conviction(s). _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if the company hires me, any misrepresentations or omissions of facts in any application document may be cause for dismissal at any time without prior notice. I consent to and authorize this company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL

MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT A WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; and/or take a pre-employment drug test. If I am offered employment or start work before any required test or investigation is completed, my employment is contingent on a satisfactory result on all required tests and investigations. I authorize the release of any background check results of any drug/alcohol test(s) to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from the date that I submit it. If I have not heard from the company at this conclusion of this 30-day period. It is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: _____ Date: _____

CERTIFICATION FOR ALL APPLICANTS-PLEASE READ CAREFULLY

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____