

Application for Employment



CASPER ORTHOPEDICS AND WYOMING SURGICAL CENTER ARE DRUG-FREE WORKPLACES

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

A pre-employment/post-offer drug test must be conducted before work is performed.

Position(s) Applied For Date of Application How did you learn about us? Advertisement Friend Employment Agency Relative
□ Advertisement □ Friend □ Walk-In
□ Advertisement □ Friend □ Walk-In
Employment Agency Relative Other
Last Name First Name Middle Initial
Address City State Zip Code
Telephone Number
Home Cell
Home Cell
If you are under 18 years of age, can you provide required proof of your eligibility to work? \Box Yes \Box No
Have you ever filed an application with us before? \Box Yes \Box No \Box If yes, please give date
Have you ever been employed with us before? Yes No If yes, please give date.
Are you currently employed?
May we contact your present employer?
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Proof of citizenship or immigration status will be required upon employment.
On what date would you be available for work?
Are you available to work
Are you currently on "lay-off" status and subject to recall?
Can you travel if a job requires it?
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment.
If yes, please explain

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.					
	Fluent	Good	Fair		
Speak					
Read					
Write					

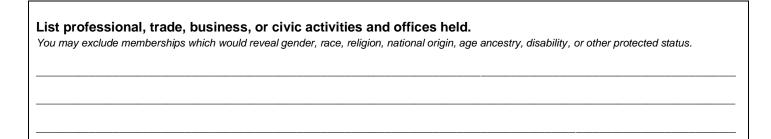
Des	cribe any specialized training, apprenticeships, and extra-curricular activities.

Describe any job-related training received in the United States Military.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	То	Work Performed
Address				
Telephone Number			ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates E	Employed	Work Performed
		From	То	Work Performed
Address				
Telephone Number			ate/Salary	
	-	Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1	I		
Employer		Dates Employed		Work Performed
		From	То	work r enormed
Address				
Telephone Number			ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1			
Employer		Dates Employed		Work Performed
		From	То	work Performed
Address				
Telephone Number		Hourly R	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1	1		

If you need additional space, please continue on a separate sheet of paper.



Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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State any additional information you feel may be helpful to us in considering your application.

	References			
1.	Name	 _()	Phone Number
	Email Address	 		
2.	Name	 _()	Phone Number
	Email Address			
3.	Name	 _()	Phone Number
	Email Address	 		

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at-will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

NOTES: