

Winchester Orthopaedic Associates, Ltd.

128 Medical Circle
Winchester, VA. 22601

Phone: 540.667.8975

Fax: 540.667.6589

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Administrator.

Position(s) you are applying for _____		Date of Application: ____/____/____		
Name _____		Social Security # _____		
Last	First	Middle		
Address _____				
Street	City		State	Zip
Telephone # (____)	Cell (____)	E-Mail Address _____		

How did you hear about the position? _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed by Winchester Orthopaedic Associates before? Yes No

If **yes**, give the dates and position(s): _____

Are you legally eligible for employment in this country? Yes No

Are you currently employed? Yes No When would you be available to work: ____/____/____

What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's essential functions to respond.

Driver's License number required, if driving may be required in the job for which you are applying:

No: _____ State: _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

EMPLOYMENT HISTORY: Starting with your most recent employer, provide the following information.

Employer _____ Dates: _____ / _____ to _____ / _____
Mo. / Yr. Mo. / Yr.

Street address _____ City _____ State _____ Zip _____

Title/Position: _____ Hourly Salary \$ _____ to _____
Starting Final
(_____)

Immediate supervisor and title _____ Telephone & Extension _____

May we contact for reference?..... Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities.

Employer _____ Dates: _____ / _____ to _____ / _____
Mo. / Yr. Mo. / Yr.

Street address _____ City _____ State _____ Zip _____

Title/Position: _____ Hourly Salary \$ _____ to _____
Starting Final
(_____)

Immediate supervisor and title _____ Telephone & Extension _____

May we contact for reference?..... Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities.

Employer _____ Dates: _____ / _____ to _____ / _____
Mo. / Yr. Mo. / Yr.

Street address _____ City _____ State _____ Zip _____

Title/Position: _____ Hourly Salary \$ _____ to _____
Starting Final
(_____)

Immediate supervisor and title _____ Telephone & Extension _____

May we contact for reference?..... Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities.

SKILLS AND QUALIFICATIONS

1. Summarize any special training, skills, licenses and or certificates that may assist you in performing the position for which you are applying:

2. Computer Skills (Check applicable boxes, specify type of software, and years of experience with each):

- Word Processing _____ Yrs: _____ E-Mail _____ Yrs: _____
 Spreadsheet _____ Yrs: _____ Internet _____ Yrs: _____
 Presentations _____ Yrs: _____ Other _____ Yrs: _____

3. If you hold a professional license or certification applicable to the position to which you are applying, please complete the following:

License # _____ State _____

Certification # _____ Certified by: _____

EDUCATIONAL BACKGROUND:

Starting with your most recent school attended, provide the following information.

School: _____	Completed	GPA/Rank	Major/Minor
City/State: _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	_____	_____
# Years Completed: _____	<input type="checkbox"/> Degree _____		
	<input type="checkbox"/> Certification _____		
	<input type="checkbox"/> Other _____		

School: _____	Completed	GPA/Rank	Major/Minor
City/State: _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	_____	_____
# Years Completed: _____	<input type="checkbox"/> Degree _____		
	<input type="checkbox"/> Certification _____		
	<input type="checkbox"/> Other _____		

School: _____	Completed	GPA/Rank	Major/Minor
City/State: _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	_____	_____
# Years Completed: _____	<input type="checkbox"/> Degree _____		
	<input type="checkbox"/> Certification _____		
	<input type="checkbox"/> Other _____		

REFERENCES:

List name and telephone number of three **business/work** references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship	Telephone	# Yrs Known
			()	
			()	
			()	

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Winchester Orthopaedic Associates, Ltd., does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Winchester Orthopaedic Associates, Ltd., likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Winchester Orthopaedic Associates, Ltd., takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

Winchester Orthopaedic Associates, Ltd., is an equal opportunity employer.