

Application for Employment

It is important that you complete all parts of the application. If you do not have information to a section, please write N/A. Please list all work experience, education, and any skills on your resume and send it with your application. Please send your resume and application materials to clawrence@ofc-clinic.com.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Date of Birth	Birth Sex	Identifies as (gender)	Preferred Pronoun
Preferred Name	Language	Race	
Ethnicity <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unreported/Refused to Report			
Social Security Number (Voluntary) 	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Driver's license number:		State
Street Address	City	State	Zip Code
Primary Phone	Secondary Phone	Email Address	
I consent to a criminal background check upon a receiving a conditional offer of employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with us before? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No			
Have you ever been employed with us before? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No			
Do any of your friends or relatives, other than spouse, work here? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> With Notification <input type="checkbox"/> No			
I certify I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. <i>Proof of citizenship will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available to begin ____ / ____ / ____ What is your desired salary range? _____			
Are you available to work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: <i>Indicate</i> Mornings Afternoons Evenings			
<input type="checkbox"/> Temporary: <i>Indicate dates</i> ____ / ____ / ____ - ____ / ____ / ____			
How many hours are you available to work weekly? _____			
What is your work availability? No Preference Monday Tuesday Wednesday Thursday Friday Saturday			

Please list three professional references.

First and Last Name, Title	Phone Number
Email Address	Company/Employer
Years Known	Relationship

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By signing this application, I certify all information is accurate and correct. I understand that The Orthopaedic & Fracture Clinic, P.A. is an Equal Opportunity Employer and considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

Signature	Date
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Applicants selected for employment will be offered a comprehensive benefits package including, but not limited to, retirement, health, dental, vision, and life insurance. Benefits may be declined by the employee and are subject for re-enrollment during any given open enrollment period. Benefits may vary with the type of position and your employment status. Select benefits may be available after an identified probationary period.