



KRAMER ORTHOPEDICS

Employment Application

A. APPLICATANT'S NAME AND ADDRESS

Last name: _____ First name: _____ Initial: _____

Today's Date: ___/___/_____ Social Security Number: _____ - _____ - _____ DOB: _____

Permanent Address _____ City _____ Zip _____

Phone: (____) _____ Best time to call you? _____

If hired, would you have a reliable means of transportation to and from work? ___ Yes ___ No

B. EMPLOYEMENT INTERESTS

Position applying for: _____ Full time or Part time (**circle one please**)

Shifts you can work: Mornings Afternoon All day (**circle one please**)

Do you currently have any other time commitments during the week? ___ Yes ___ No

Please explain: _____

How were you referred to our organization? _____

Name of referral source: _____

Have you ever been terminated or asked to resign? If yes, please explain. ___ Yes ___ No

Are you able to perform the essential functions of the job which you are applying, with our without reasonable accommodation? ___ Yes ___ No

C. EDUCATION AND TRAINING

Name & Address of School	Major	# of years or units completed	Degree/Diploma
High School			
College/University			
Other			
Other			

Professional Certificates or Licenses Held: _____

Are you taking any educational or training courses presently? ___ Yes ___ No

Please explain: _____

D. Please give your complete employment history by listing your current or most recent employer first. Show unemployed or self employed periods and indicate dates and comment on each period. Also, include part-time or summer work. If necessary, use extra sheets for additional information.

1. Employer _____ Dates employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number: _____
 Description of Duties _____
 Reason for leaving _____

2. Employer _____ Dates employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number: _____
 Description of Duties _____
 Reason for leaving _____

3. Employer _____ Dates employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number: _____
 Description of Duties _____
 Reason for leaving _____

4. Employer _____ Dates employed: From _____ To _____
 Address _____ Base Rate of Pay: Start _____ End _____
 Position _____ Supervisor's Name & Phone Number: _____
 Description of Duties _____
 Reason for leaving _____

May we contact your former employers? ___Yes ___ No

Are you currently employed? ___Yes ___ No

If so, may we contact your current employer? ___Yes ___ No

E. REFERENCES

List people we may contact who are qualified to evaluate your capabilities. Do not include family members or relatives.

Name	Address (City, State, Zip)	Telephone	Occupation	Years Known

APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENT

1. I understand that any offer of employment regarding certain job position may be conditioned on satisfactory completion of a medical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol testing should I be offered a position with the company.
2. I hereby certify, under penalty of perjury, that all of the above information is true and complete, and understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in immediate dismissal regardless of the time elapsed before discovery.
3. I authorize the company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications and suitability for employment. I further authorize my former employers, references, schools and any other organization to disclose to the company (without giving me prior notice of such disclose) any and all information about my previous employment and education, along with other pertinent information they may have.

In addition, I hereby release Kramer Orthopedics, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

4. I expressly agree and understand that, if employed, my employment is for an unspecified term and is at-will. Therefore, my employment can be terminated, with or without cause, and with or without prior notice, at any time, at my options or at the company's options. Although other terms or conditions of employment may change, this at-will employment relationship will remain in effect throughout my employment. I also understand that this aspect of employment, which includes the company's amended or rescinded expect by an individual written agreement signed by both me and a member of the executive management of the company.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, propriety, or generally undisclosed nature relating to the company, or its products, service, patients, provides, vendors, employees, plans or procedures, I agree to deliver to the company and all copies of confidential information, or other company property, upon termination of the employment relationship or at any time upon the company's request. I also agree not to solicit employees of the company either during my employment or after my employment termination.
6. The statements above supersede and replace any prior understandings or discussion I have had with the company and set forth the complete agreement between me and the company regarding these matters.

I certify that I have read, fully understand and accept all of the above terms and statement.

Signature of applicant

Printed Name

Date