



Hope Orthopedics of Oregon
 1600 State Street, Salem, Oregon 97301
 T: 503-540-6300 | F: 503-316-3780
An Equal Opportunity Employer

The people of Hope Orthopedics are passionate about providing patient centered service excellence and delivering world class musculoskeletal care.

APPLICATION FOR AT-WILL EMPLOYMENT

JOB APPLIED FOR

Job Title:	Date:	Date Available to Start Work:
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PERSONAL INFORMATION

Name (Last Name, First Name):			
Mailing Address:		City, State, Zip:	
Email Address:			
Primary Contact Phone:	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	Secondary Contact Phone:	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____
Are you personally related to or acquainted with any present or former employee of this clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s):			
Have you applied for a position here at any time in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Have you ever been employed by Hope Orthopedics of Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, supervisor:	Position:	Dates (month/year):	

EDUCATION

Name	Location (City, State)	Course of Study	Did You Graduate?	If No, Number of Years Completed	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Business, Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL SKILLS OR TRAINING

Please summarize any special job-related skills and qualifications you have including licenses, certifications, specific technical skills or equipment operating skills.
Specialized Skills: <input type="checkbox"/> Typing WPM _____ <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Anatomy <input type="checkbox"/> Coding <input type="checkbox"/> Billing <input type="checkbox"/> Transcription <input type="checkbox"/> Other _____

EMPLOYMENT HISTORY

List all work experience, paid or unpaid, beginning with your most recent job.

This section must be completed entirely. Add additional pages if more space is needed.

Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Phone	
List all the Duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Phone	
List all the Duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Phone	
List all the duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Phone	
List all the duties you performed:					
Reason for leaving					

PROFESSIONAL REFERENCES

Please provide three professional references, whom you have known for a minimum of one year.

Name	Contact Information Telephone Number or Email Address	Relationship

GENERAL INFORMATION

<p>How did you learn about this job opportunity? <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Hope Orthopedics of Oregon Website <input type="checkbox"/> Other Website: _____ <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Other: _____</p>

PREEMPLOYMENT STATEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN YOUR AGREEMENT BELOW.

- I certify that all information provided on this application and attachments is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume or other materials, or during any interviews, can be reason to not be hired, or if hired, can be cause for my dismissal from employment.
- I authorize Hope Orthopedics of Oregon to verify the information provided in this application. I also authorize and request that all of my present and former employers, schools, supervisors (as indicated above), and individuals listed as references furnish information about my employment record, character, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I hereby release them and Hope Orthopedics of Oregon from any and all liability for damages arising from furnishing the requested information and agree to hold all persons who provide information to Hope Orthopedics of Oregon harmless with respect to the information they may give, receive or publish.
- I understand that no manager, supervisor or other representative of the company, other than the President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to my at-will relationship with Hope Orthopedics of Oregon. I further understand that any such agreement, of made, is not enforceable unless written and signed by me and the President of Hope Orthopedics of Oregon.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Hope Orthopedics of Oregon. I understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either Hope Orthopedics of Oregon or myself, under our at-will relationship.
- I understand that as a condition of employment I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check.
- I understand that all offers of employment are conditional upon verification of my identity and eligibility to work in the United States.

Applicant's Signature

Date