



Hope Orthopedics of Oregon
 1600 State Street, Salem, Oregon 97301
 Human Resources: 503.540.6496 | careers@hopeorthopedics.com
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 of Application	Date Available to Start Work
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PERSONAL INFORMATION

Name (Last Name, First Name)		
Mailing Address	City, State, Zip	
Email Address	Phone	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____
Have you ever been employed by Hope Orthopedics of Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, supervisor's name	Position	Dates (month/year)

EDUCATION

Name	Location	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 <input type="checkbox"/> In progress		
Graduate/Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		
Trade, Business, Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATIONS/LICENSES

Name of Certification	Date Received	Expiration Date	Certification/License Number

SPECIAL SKILLS OR TRAINING

Please summarize any special job-related skills and qualifications you have including specific technical skills or equipment operating skills.

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EMPLOYMENT HISTORY

List all work experience, paid or unpaid, beginning with your most recent job. This section must be completed entirely.

Employing Firm			Address	
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip	
Job Title		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		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		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		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 two professional references, whom you have known for a minimum of one year.

Name	Telephone Number or Email Address	Relationship

PRE-EMPLOYMENT 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 this application is not intended to be a contract of employment and any employment is offered at will. 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 and pass 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

ADDITIONAL INFORMATION

In the box below, please include your cover letter, additional work history or any other information you would like to include.

PLEASE DOWNLOAD APPLICATION AND SUBMIT TO CAREERS@HOPEORTHOPEDICS.COM