



EMPLOYMENT APPLICATION

Thank you for your interest in employment with Tucson Orthopaedic Institute, P.C. We ask that you answer the following questions in order that we may fully evaluate your application. Federal and State laws prohibit discrimination in employment based on race, color, religion, sex, ancestry, age, handicap disability, national origin, or veteran status. Tucson Orthopaedic Institute, P.C. is an equal opportunity employer committed to employing a diverse workforce who can effectively respond to a diverse community.

PERSONAL DATA

Last Name: _____ First Name: _____ Middle: _____
Present Address: _____ City: _____ State: _____ Zip: _____
Home Number: _____ Cell Phone: _____

____ Someone there ____ Ans. Machine

SSN: _____ Do you have legal right to work in the United States? ____ Yes ____ No

Tobacco Use: ____ Never ____ Occasionally ____ Daily Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a criminal violation of law, or are you now under pending investigation for charges of violation of criminal law? ____ Yes ____ No If yes, explain. _____

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? ____ Yes ____ No If yes, explain. _____

Have you ever been debarred or sanctioned from providing services to federally regulated entities? ____ Yes ____ No

POSITION APPLYING FOR

For what position are you applying?

1. _____
2. _____
3. _____

Status of work seeking:

____ Full Time ____ Part Time ____ Temporary

Date available for work: _____

How were you referred to Tucson Orthopaedic Institute, P.C.? _____

PROFESSIONAL REGISTERED/CERTIFIED APPLICANTS ONLY

Registration Title: _____ Is your license current? ____ Yes ____ No
Registration: _____ Number: _____ Expiration Date: _____

(State or National)

Has your license or certification ever been suspended or revoked? ____ Yes ____ No

Have you ever been disciplined by any state board? ____ Yes ____ No

EDUCATION

Elementary or High School Highest grade completed: _____ Name of School: _____
City: _____ State: _____

College or University Name of School: _____
Address: _____ City: _____ State: _____ Zip: _____
Degree? ____ Yes ____ No Type: _____ Major: _____

Business Vocational School or Additional Training Name of School: _____ Completed Program? ____ Yes ____ No
Address: _____ City: _____ State: _____ Zip: _____
Type of Training: _____
Other job related experiences and activities: _____

OFFICE EQUIPMENT AND SKILLS

If you are applying for a position which requires office skills, please complete the following

• Office Equipment: Type ____ words per minute 10-key Adding Machine: ____ Yes ____ No

• Computer Experience: Hardware Name: _____

Software programs: _____

• Do you know medical terminology? ____ Yes ____ No

• Additional Skills: _____

EMPLOYMENT
(List most recent first and include US military service)

Firm Name: _____ Job Title: _____
Address: _____ Nature of Duties: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Hourly wage: \$ _____
Supervisor's name and title: _____ Reason for leaving: _____
Date employed: _____ to _____
(month/year) (month/year) Your last name during employment: _____

Firm Name: _____ Job Title: _____
Address: _____ Nature of Duties: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Hourly wage: \$ _____
Supervisor's name and title: _____ Reason for leaving: _____
Date employed: _____ to _____
(month/year) (month/year) Your last name during employment: _____

Firm Name: _____ Job Title: _____
Address: _____ Nature of Duties: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Hourly wage: \$ _____
Supervisor's name and title: _____ Reason for leaving: _____
Date employed: _____ to _____
(month/year) (month/year) Your last name during employment: _____

Firm Name: _____ Job Title: _____
Address: _____ Nature of Duties: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Hourly wage: \$ _____
Supervisor's name and title: _____ Reason for leaving: _____
Date employed: _____ to _____
(month/year) (month/year) Your last name during employment: _____

My we contact the employer(s) above? ☐ Yes ☐ No

If no, indicate which one(s) not to contact and the reason(s): _____

Have you ever been employed by Tucson Orthopaedic Institute? ☐ Yes ☐ No

If yes, give date employed: _____

Do you have any relatives employed at Tucson Orthopaedic institute? ☐ Yes ☐ No

If yes, state name and relationship: _____

PLEASE READ THE FOLLOWING

I understand that any misrepresentation or material omission made by me in connection with this application is grounds for termination. I understand that acceptance of a job offer does not create a contractual obligation upon the employer to continue to employ me in the future.

If printing form and mailing, please sign your name here: _____