



“Muscle, Bone, & Joint Experts”

ORTHO MICHIGAN

Flint Office: 4466 West Bristol Road • Flint, Michigan 48507 • Ph: (810) 733-1200
Lapeer Office: 307 South Court Street • Lapeer, Michigan 48446 • Ph: (810) 667-6110
Fenton Office: 17015 Silver Parkway • Fenton, Michigan 48430 • Ph: (810) 593-0023

APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, we base employment decisions on job-related information. All legal requirements pertinent to fair employment practices are complied with by our Practice.

(Please Print)				Date of Application	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email		

Position Applied for _____ Salary Desired _____

Date Available for Employment _____ Type of Employment Full-time Part-time Temporary

Are you willing to work overtime? _____ Have you ever been employed by this organization? Yes No

Do you have any commitments to another employer that might affect your employment with us? Please explain _____

Have you been convicted of a felony within the last seven years? Yes No **(Conviction will not necessarily disqualify an applicant from employment.)** If yes, explain _____

Are you authorized to work in the United States? Yes No
(Proof of U.S. citizenship or work authorization will be required upon employment.)

EDUCATION

List ALL schools attended	Name and Address of School	No. of Years Completed	Did you Graduate		Degree	High School Courses and/or College Major
			Yes	No		
High/Prep School			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Post-High Colleges/Universities			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Please indicate and other information you think would be helpful in considering you for employment with our Practice.
(Additional licenses, certificates, coursework, awards, accomplishments, specific skills.)

REFERENCES

Give name, address and phone number of three references not related to you and who are not previous supervisors.

Name and Occupation	Address	Phone Number

EMPLOYMENT HISTORY

Beginning with your present or last employer, list full-time or part-time positions, including military background.

Company Name	Telephone ()
Address	Employed (Month and Year)
Name of Supervisor	Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (Month and Year)
Name of Supervisor	Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

If more than two previous employers, list others here.

Employment Dates		Company and Address	Position or Type of Work	Reason for leaving
From	To			

Comments (*including explanation of any gaps in employment*)

PRE-EMPLOYMENT STATEMENT - Read Carefully Before Signing

I authorize investigation of all statements contained in this application for employment as may be necessary at arriving at any employment decision. I understand that any false answers or statements or misleading omissions made by me on this application, in connection with the above-mentioned investigation, can be sufficient grounds for my rejection as a candidate for employment or immediate discharge, if I am employed. I authorize all my current or previous employers, educational institutions, and other references listed above to furnish to the employer and its' agents any information, whether or not it is in their records, regarding my employment, educational record, personal character, or work, or personal habits. I release all such persons or organizations from any and all liabilities or damages whatsoever from furnishing any of the above information.

I hereby understand and acknowledge that, any employment relationship with Family Orthopedic Associates/dba/OrthoMichigan is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Practice. I understand also, that I am required to abide by all rules and regulations of Family Orthopedic Associates/dba/OrthoMichigan.

I agree and understand that any employment offer is conditional until such time as the results of the reference check and medical examinations, if any are known. This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Under the Michigan Law, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the practice will preclude and claim that the employer failed to accommodate the employee or applicant.

Signature of Applicant

Date