



Application for Employment

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Position Desired			Social Security #
Are you available for full time work?			Pay Expected
Will you work overtime if needed <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe in full.			Have you ever been bonded? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, with whom?

School	Name and Location	Course of Study	No. of Years completed	Degree or Diploma
Elementary				
High School				
Business/Trade/ Technical				
College				
Graduate				

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by federal, state, or local law.



Employment History

Company Name	Telephone ()
Address	Employed From To
Name of Supervisor	Weekly pay Start Last
Job Title and Description	Reason for Leaving

Company Name	Telephone ()
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We may contact the employers listed above unless you indicate those you do not want us to contact. Please note any employer you do not wish us to contact and the reason.

Do you serve in the U. S. Armed Forces? Yes Branch No

Additional Information: _____



Have you ever been granted access to Provider Portal or Star MPI at Centra Health? ____Yes ____No

If YES, have your privileges ever been revoked? ____Yes ____No

Professional References:

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Applicant's Signature:

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or in discovered after I am employed, cause for immediate termination of my employment.

I authorize The Orthopaedic Center of Central Virginia to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. I hereby authorize and agree to a background check and/or criminal check of the information I have provided. To assist in the processing of my application, I waive all rights and claim I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other person, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing.

I fully understand and accept all terms and condition in the above statement.

Date

Signature