

Personal Information

Have you ever applied to or worked for the Company before? Yes _____ No _____

If yes, when? _____

Do you have any friends or relatives working for the Company? Yes _____ No _____

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes _____ No _____

Do you have the legal right to work and be employed in the United States (Proof of identity and legal authority to work in the U.S. is a condition of employment.) Yes _____ No _____

Are you able to perform the functions of the job for which you are applying with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that you cannot perform _____

Have you ever been convicted of a felony which has not been judicially ordered sealed, expunged, or statutorily eradicated. Yes _____ No _____

If yes, state nature of the felony or felonies, when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a felony offense. The nature of the offense, the date of the offense, the surrounding circumstances, the relevance of the offense to the position(s) applied for and any other relevant factor are considered.)

Are you currently employed? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

If no, explain why not.

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma	GPA A = 4.0
High School			Yes ___ No ___		
College/University			Yes ___ No ___		
Vocational/ Business			Yes ___ No ___		
Other			Yes ___ No ___		

What are your hobbies, special interests, and extracurricular activities? (Please omit those which indicate your race, color, religion, sexual orientation, marital status, national origin, ancestry, age, disability or any other basis protected by law.)

Employment History

List below all present and past employment for the last 10 years starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Major Accomplishments _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Upon leaving, were you eligible for rehire? Yes _____ No _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Major Accomplishments _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Upon leaving, were you eligible for rehire? Yes _____ No _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Major Accomplishments _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Upon leaving, were you eligible for rehire? Yes _____ No _____

Note: Attach additional page(s) if necessary.

Please identify and explain all periods of unemployment during the last 10 years:

From _____ To _____ Reason for Unemployment _____

Please set forth the number of days you were absent from work in the last 12 months _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

APPLICATION CONTINUED ON NEXT PAGE

Please Read Carefully, Initial Each Paragraph and Sign Below.

I hereby certify that the answers given by me on this application are true and correct to the best of my knowledge, and that I have not withheld any information that might adversely affect my chances for employment. I understand that any misstatement or omission of fact on this application or any documents used to obtain employment may result in rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery of the misstatement or omission. I further certify that I, the applicant, have personally completed this application. _____ (Initials)

I hereby authorize Southern California Orthopedic Institute Medical Group (“SCOI”) to investigate my references, prior employers, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed, all prior employers, and all educational institutions attended, to disclose to SCOI any and all letters, reports and other information related to my records, including but not limited to my performance reviews and evaluations, discipline, commendations, awards, and all other employment information, without giving me prior notice of such disclosure. By providing this page of the application, or a copy hereof, to the references, prior employers and educational institutions attended, I release them, to the fullest extent permitted by law, from any and all claims, demands, fees and liabilities for providing SCOI with all information, and I release SCOI, and its agents, employees, clients, or representatives, to the fullest extent permitted by law, from any and all claims, demands, fees and liabilities that may result from any use or disclosure of such information by SCOI, or any of its agents, employees, clients, or representatives. _____ (Initials)

I understand that any employment with SCOI is at the mutual consent of me and SCOI. Accordingly, either I or SCOI may terminate my employment at any time, with or without cause, and with or without notice. I understand that except for SCOI =s Chief Executive Officer, no employee, representative or agent of SCOI has authority to modify the at-will nature of my employment. Any modification of the at-will nature of my employment, or any employment agreement for a specified period of time with SCOI, must be set forth in a written agreement signed and dated by me, on the one hand, and SCOI =s Chief Executive Officer, on the other hand. Moreover, nothing conveyed to me, either during any pre-employment interview, or during my employment, if hired, is intended to create an employment contract between me and SCOI or to alter the at-will nature of my employment with SCOI. In addition, I understand that if hired by SCOI, this statement shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or written agreements of any kind contrary to the foregoing. _____ (Initials)

I hereby agree to submit to binding arbitration all disputes and claims I may have arising out of or related to my applying for employment with SCOI, in accordance with the provisions of the arbitration of disputes policy set forth in SCOI =s Employee Handbook. If I am hired by SCOI, I further agree that all disputes and claims I may have which arise out of or are related to my employment with SCOI, whether during or after that employment, that cannot be resolved by informal internal resolution, will be submitted to binding arbitration to the fullest extent permitted by law, in accordance with the provisions of the arbitration of disputes policy set forth in SCOI =s Employee Handbook. I have been given a copy of the arbitration of disputes policy set forth in SCOI =s Employee Handbook. I have read that policy and I knowingly, intentionally, and voluntarily agree to the provisions of that policy in all respects. _____ (Initials)

I further understand and agree that as a condition to being employed by SCOI, I will be required to agree to conduct myself in accordance with SCOI =s personnel practices and policies as set forth in the Employee Handbook, a copy of which I will be provided and will review prior to accepting employment with SCOI. _____ (Initials)

Date _____ Applicant's Signature _____