



WASHINGTON ORTHOPAEDIC CENTER
DEDICATED EXCELLENCE

1900 Cooks Hill Rd. Centralia, WA 98531 • (360) 736-2889 • 1-800-342-0205 • FAX (360) 736-9777 • www.waortho.com

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

Have you ever been employed by this company? Yes No, If yes, when? _____

Do you have any friends or relatives employed by this company? Yes No,

If yes, please provide name and relationship to you. _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Do you hold any professional licenses or degrees? If so, please list: _____

Typing Yes No _____ WPM
10-key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac Other _____
Skills _____

APPLICATION FOR EMPLOYMENT

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment regardless of time of discovery.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Washington Orthopaedic Center creates an actual or implied contract of employment. I understand that, if I accept employment with Washington Orthopaedic Center, it will be on an at-will basis. This means that either Washington Orthopaedic Center or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Washington Orthopaedic Center. I release Washington Orthopaedic Center, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Washington Orthopaedic Center to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Washington Orthopaedic Center to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I release Washington Orthopaedic Center and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Washington Orthopaedic Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Washington Orthopaedic Center depends solely on your qualifications.