



300 Birnie Avenue, Suite 201, Springfield, MA 01107-1107
 275 Bicentennial Highway, Springfield, MA 01118-1844

APPLICATION FOR EMPLOYMENT

New England Orthopedic Surgeons, Inc. is an **EEO Employer** committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, color, sex, religion, national or ethnic origin, disability, age, veteran status, marital status, genetic information, sexual orientation or membership in any other group protected by applicable laws.

It is **unlawful in Massachusetts to require or administer a lie detector test** as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please Print. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate "See Resume").

PERSONAL DATA

Name (Last, First and Middle): _____ Today's date: ___/___/___

Street Address: _____ City _____ State _____ Zip Code _____

Home telephone with area code: _____ Other telephone with area code: _____

If your employment/education records are under any other name(s), please specify: _____

Social Security Number: ___/___/___ Are you 18 years of age or older? Yes No

Are you legally permitted to work in the USA? Yes No If not a U.S. citizen: Alien Work Permit or Auth #: _____

Do you have a valid driver's license? Yes No If yes, State _____ License # _____ Expiration date: _____

Do you have relatives employed at NEOS? Yes No Name: _____ Relationship: _____

Have you previously applied to NEOS? Yes No If yes, when? _____

Have you ever been employed by NEOS? Yes No

If yes, list position, dates of employment, reason for leaving: _____

Do you have a second job that would interfere with employment at NEOS? Yes No If yes, explain: _____

Do you have a second job with a health care entity, and if so, where: _____

How were you referred to us? (Please Check) Walk-In Newspaper Employment Agency Job Fair
 Other _____ Employee Referral – Name _____

Type of work desired? Full-time Part-time When could you start work? _____

POSITION APPLYING FOR: _____

Salary Desired? \$ _____ (NEOS may require a copy of last pay stub)

ADDITIONAL SKILLS & ACTIVITIES

Typing speed _____ Word Processing Experience _____ List Office Machines/PC hardware/software used and level of proficiency: _____

____ WPM Yes No _____

List extracurricular activities or honors in high school and/or college: _____

List any licenses, certificates, publications or professional achievements that would support this application for employment:

License/Cert # _____ Type _____ Date Cert. attained _____ Expiration date _____

EDUCATIONAL BACKGROUND

NAME AND ADDRESS	DID YOU GRADUATE	DIPLOMA OR DEGREE	CIRCLE LAST YEAR COMPLETED SUCCESSFULLY	CREDIT HRS IF NOT A GRADUATE	MAJOR COURSE OF STUDY	GPA
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2 3 4			
College	<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2 3 4			
Post Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2 3 4			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2 3 4			

If you did not graduate, why did you leave school? _____

Are you planning to pursue further studies? Yes No
If yes, where and what courses? _____

EMPLOYMENT HISTORY

IMPORTANT: List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including any periods of unemployment. If self-employed, give firm name and supply business references. You may include volunteer positions if you wish.

PRESENT/LAST EMPLOYER NAME: _____ May we check this reference? Yes No Telephone with area code: _____

Street Address _____ City _____ State _____ Zip Code _____

Dates of employment: From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

Title of Position: _____ Name & Title of Supervisor: (for work reference) _____
Phone number if different from above: _____

Starting Salary: _____ Ending Salary: _____

Description of duties, responsibilities and significant accomplishments: _____

Reason for leaving: _____

PRESENT/LAST EMPLOYER NAME: _____ May we check this reference? Yes No Telephone with area code: _____

Street Address _____ City _____ State _____ Zip Code _____

Dates of employment: From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

Title of Position: _____ Name & Title of Supervisor: (for work reference) _____
Phone number if different from above: _____

Starting Salary: _____ Ending Salary: _____

Description of duties, responsibilities and significant accomplishments: _____

Reason for leaving: _____

PRESENT/LAST EMPLOYER NAME: _____ May we check this reference? Yes No Telephone with area code: _____

Street Address _____ City _____ State _____ Zip Code _____

Dates of employment: From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

Title of Position: _____ Name & Title of Supervisor: (for work reference) _____
Phone number if different from above: _____

Starting Salary: _____ Ending Salary: _____

Description of duties, responsibilities and significant accomplishments: _____

Reason for leaving: _____

Please explain any lapses in employment, or provide additional information which would be helpful to us and relevant to this application.

PLEASE READ BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon a successful background check conducted by New England Orthopedic Surgeons, Inc. I consent to the request for information and authorize the background check service to release the results of the background check to New England Orthopedic Surgeons, Inc. By my signature below, I understand this consent applies throughout my employment unless I revoke or cancel it in writing.

I hereby authorize New England Orthopedic Surgeons, Inc. to use a photocopy of this application as authorization for release of the information referenced above.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Human Resource Use Only

Date of Hire	Schedule	Date of Birth
Department	Job Title	Hours/Week
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	<input type="checkbox"/> New Hire <input type="checkbox"/> Casual <input type="checkbox"/> Re-Employed	Grade Rate/Hr
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	EEO Info: Sex _____ Race _____	

Human Resource Director: _____