



**NEW ENGLAND
ORTHOPEDIC SURGEONS**

300 Birnie Avenue, Suite 201, Springfield, MA 01107-1107
 265 Benton Drive, Longmeadow, MA 01028

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 Requirements \$ _____ E-Mail Address: _____

ADDITIONAL SKILLS & ACTIVITIES

Typing speed _____ Word Processing Experience Yes No List Office Machines/PC hardware/software used and level of proficiency: _____
 _____ WPM

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
Description of duties, responsibilities and significant accomplishments:		
Reason for leaving:		

PRESENT/LAST EMPLOYER NAME:	May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
Description of duties, responsibilities and significant accomplishments:		
Reason for leaving:		

PRESENT/LAST EMPLOYER NAME:	May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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 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: _____

DISCLOSURE AND AUTHORIZATION

Important: Please Read carefully before signing.

I understand that if I am extended an offer of employment it may be conditioned upon a successful background check. New England Orthopedic Surgeons, Inc. may obtain information about you for employment purposes. Thus, you may be the subject of an investigative background check, which may include information about your character, general reputation, personal characteristics, which could involve personal interviews with sources such as your neighbors, friends or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. These reports may also contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative report with regard to applicants for employment is an investigation into your education and or/employment history conducted by Pre Employ.com, Inc., 2301 Balls Ferry Road, Anderson, CA 96007-3502, Phone: 800-300-1821;http://preemploy.com, or another outside organization. I acknowledge receipt of the disclosure regarding background investigation and certify that I have read and understand this document. I hereby authorize the obtaining of any background report at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pre Employ..com, Inc., 2301 Balls Ferry Road, Anderson, CA 96007-3502. Phone: 800-300-1821;http://preemploy.com another outside organization acting on behalf of New England Orthopedic Surgeons, and/or the Company itself. I agree that a facsimile (Fax), electronic or photographic copy of Authorization shall be as valid as the original.

AUTHORIZATION

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.

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

READ, ACKNOWLEDGED AND AUTHORIZED

Signature

Date