

Foot & Ankle Centers

Employment Application

e-mail: jobs@cffas.com

Fax: 630-553-9306

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment History

Current/

Most recent

Employer: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current employer?

YES

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

APPLICATION FORM WAIVER

For consideration of my job application by Centers for Foot & Ankle Surgery, Ltd./DBA as FOOT & ANKLE CENTERS.

Please initial each paragraph to confirm you have read and understand its content. Thank you.

Initials _____ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Centers for Foot & Ankle Surgery, Ltd/ Foot & Ankle Centers. , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of The Centers for Foot & Ankle Surgery, Ltd. Both the undersigned and The Centers for Foot & Ankle Surgery, Ltd., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that The Centers for Foot & Ankle Surgery, Ltd. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

Initials _____ I authorize a criminal background check as well as investigation of all statements contained in this application. Including but not limited to dates of employment, salary/hourly pay, job descriptions etc. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Centers for Foot & Ankle Surgery, Ltd Foot & Ankle Centers. permission to contact: licensing agencies, schools, previous employers (unless otherwise indicated), references, and consumer reporting agency, including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, The Centers for Foot & Ankle Surgery, Ltd. Foot & Ankle Centers will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act, and hereby release The Centers for Foot & Ankle Surgery, Ltd. from any liability as a result of such contact.

I release the listed references and all previous and present employers to provide any and all applicable information they may be have related to my potential employment with the Practice. I hereby release these references and former employers from all liability for any employment related information they may provide to the representative of the (The Centers for Foot and Ankle Surgery, Ltd dba/ Foot & Ankle Centers).

Initials _____ I understand that (1) we have a drug and alcohol policy that may result in pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Applicants Name: (PLEASE PRINT): _____

Signature of applicant: _____ Date: _____

Centers for Foot & Ankle Surgery, Ltd./ Foot & Ankle Centers 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, disability, military service, or other status protected by law. We assure you that your opportunity for employment with The Centers for Foot & Ankle Surgery, Ltd. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. List other skills, knowledge, areas of expertise that would assist in the current position you are applying for:

Please provide the following information as reference:

Date Available: _____ **Full time / Part-Time:** _____ **Desired Pay:\$** _____

Office use only:

1st _____ @ _____

2nd _____ @ _____

Clinical score %: _____

Clerical Score %: _____

SS#: _____ - _____ - _____

DOB: _____

Ben: _____

Date of Hire: _____ EE# _____

FT _____ PT _____ PRN _____

Termination Date:: _____