



Ohio Orthopaedics & Sports Medicine (OOSM) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability, or veteran status. Federal law prohibits discrimination in employment practices. OOSM provides a smoke free environment. Employment with OOSM is on an "at-will" basis. The employment relationship may be terminated at any time by either the employee or OOSM for any reason not expressly prohibited by law.

PERSONAL INFORMATION				
Name (Last, First, MI)		Date of Application		
Other Names Used/Maiden Name (Last, First, MI)		Social Security Number	Are you 18 years old or older? Yes No	
Telephone Number		Email Address		
Present Address				
Previous Address (if applicable)				
Are you a U.S. citizen, or otherwise eligible to work in the United States? Yes No				
DESIRED EMPLOYMENT				
Position Applying For		Date Available to Start	Desired Salary \$ _____ per _____	
Have you ever applied with OOSM? Yes No		Referred By:		
If Yes, Where: _____		Website: _____		
When: _____		Newspaper: _____		
		Other: _____		
WORK EXPERIENCE (Complete All Information Even if Attaching Resume)				
<ul style="list-style-type: none"> ➤ May we contact your current employer? Yes No ➤ Have you ever been involuntarily terminated or asked/forced to resign? Yes No If you answered Yes, please explain:				
1	Current/ Recent Employer Name	Employer Address, City, State	Starting Date (M/D/Y)	Ending Date (M/D/Y)
	Position Held	Hours Worked per week:	Starting Salary	Ending Salary
	Supervisor Name/Title		Telephone Number	
	Description of Duties/Responsibilities, & Equipment Operated		Reason for Leaving	
2	Previous Employer Name	Employer Address, City, State	Starting Date (M/D/Y)	Ending Date (M/D/Y)
	Position Held	Hours Worked per week:	Starting Salary	Ending Salary
	Supervisor Name/Title		Telephone Number	
	Description of Duties/Responsibilities, & Equipment Operated		Reason for Leaving	
3	Previous Employer Name	Employer Address, City, State	Starting Date (M/D/Y)	Ending Date (M/D/Y)
	Position Held	Hours Worked per week:	Starting Salary	Ending Salary
	Supervisor Name/Title		Telephone Number	
	Description of Duties/Responsibilities, & Equipment Operated		Reason for Leaving	

EDUCATION

Education	Name & City/State of School	Number of Years Completed	Did you graduate?	Subject Studied or Degree Received
High School / GED		Not Applicable	Yes No	
College			Yes No	
Trade, Business or Correspondence School			Yes No	
Other: (Specify)			Yes No	

Current License and/or Certification Information (Please include License/Certification numbers and renewal/expiration dates)

Special Training or Skills (Computer software, equipment, typing, billing systems, etc.)

PROFESSIONAL REFERENCES

Name/Title	Relationship	Phone	Company	# of Years Acquainted
1.				
2.				
3.				

SECURITY

Have you ever plead no contest or guilty to, or been convicted of, a criminal offense (whether a felony or misdemeanor)?

Yes No

A charge, pleading no contest or guilty, or conviction will not necessarily be a bar to employment. If you answered "Yes", please describe the details including the date of the offense, nature and circumstances. The nature of the offense, when it occurred and its job-relatedness will be considered.

Certification:

I certify that all of the information furnished in this employment application and its addenda are true and complete to the best of my knowledge. I understand that Ohio Orthopaedics & Sports Medicine (OOSM) may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military status, convictions, or other information to OOSM and I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to OOSM.

I authorize OOSM to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving.

I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment.

Ohio Orthopaedics & Sports Medicine (OOSM) is a drug-free workplace. Individuals offered employment at OOSM will be required to successfully complete a pre-employment drug screening. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

By signing below, I agree that I have read and I agree with the above statement.

Signature: _____ Date: _____



CONSENT TO DRUG AND ALCOHOL TESTING

I, _____, understand that Ohio Orthopaedics & Sports Medicine (“OOSM”) prohibits the possession, promotion, use, purchase, sale or transfer of illegal drugs, controlled substances and alcohol by its employees. I understand that employee drug testing is used as a condition of employment, post-accident investigation, and under reasonable suspicion.

I hereby consent to the taking of my urine, breath, blood, or hair by OOSM or its agents and to the testing of such samples by a laboratory designated by OOSM. I hereby further consent to the release of the drug test results from the laboratory to the OOSP Human Resources department.

I hereby hold harmless OOSP, its officers, employees, physicians, agents and representatives, in addition to the Laboratory, its officers, employees, agents and representatives, from any and all liabilities arising from the authorized release, collection of specimens, or use of the information derived from or contained in my test result in connection with the company’s consideration of my employment application and employment status.

I further understand that the Company’s Substance Abuse policy prohibits the presence of illicit substances and/or alcohol in the systems of its employees while on the job or on company premises. Additionally, a refusal to test, failure to submit adequate specimens for test, or adulterated samples, constitutes a positive test. A positive test is a violation of this policy and may result in the rescinding of any employment offer or termination of employment.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test, or policy, they will be answered.

Employee Name (please print)

Date

Employee Signature