

# One Orthopedics Drive Peabody, MA 01960

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

## Incomplete information could disqualify you from further consideration. Please complete all fields.

Applicant Name

## Personal Information

Home Phone Mobile Phone Email Address

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***Current Address:***

Number and Street Name City State & Zip

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How were you referred to our organization?

Have you ever applied to / worked for Orthopaedic Surgical Center of the North Shore before? [ ] Y or [ ] N If yes, please explain (include date):

Are you legally authorized to work in the U.S.? [ ] Y or [ ] N

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) [ ] Y or [ ] N Have you ever been terminated from employment or asked to resign by an employer? [ ] Y or [ ] N

If yes, please provide company names and details

Are you currently employed? [ ] Y or [ ] N If so, may we inquire of your present employer? [ ] Y or [ ] N

Contact information for current employer including phone number

Do you know anyone who works for our company? [ ] Y or [ ] N If yes, who?

## Employment Desired

Position(s) applying for: Days and hours are you available for work?

Can you work evenings? [ ] Y or [ ] N Are you available to work overtime, including weekends? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed?

*(Note: OSCNS complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**Are you applying for:**

Regular full-time work? [ ] Y or [ ] N Regular part-time work? [ ] Y or [ ] N Temporary work? [ ] Y or [ ] N

Desired Rate/Salary: $ If hired, date available to start:

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

## Education, Training and Experience

**High School/Vocational School: Did you graduate? [ ] Y or [ ] N**

School Name Location: City, State

**College/ University/Certificate Program: Did you graduate? [ ] Y or [ ] N**

School Name Location: City, State

Degree / certification earned: If not graduated how many years have you completed?

## Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

***Incomplete information could disqualify you from further consideration.***

**Most Recent Employer Name Reason for Leaving**

**City, State Dates of Employment**

**Position**

**Job Duties**

**Supervisor Contact Number**

Can these individuals be contacted for a reference? [ ] Y or [ ] N

**Previous Employer One: Previous Employer Two: Previous Employer Three:**

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**Reason for Leaving:**

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**Dates of Employment:**

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**Position:**

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**Supervisor & Contact Number:**

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Can these individuals be contacted for a reference? [ ] Y or [ ] N

***Professional References*** *(this section is for professional references only)*

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| --- | --- | --- | --- |
| Reference Name | Company | Job Title | Contact Number |
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| Reference Name | Company | Job Title | Contact Number |
|  |  |  |  |
| Reference Name | Company | Job Title | Contact Number |
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# Please read carefully before signing.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYEMENT, OFFER, OR PROMISE OF EMPLOYMENT FOR A DEFINITE TERM. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS IN ACCORDANCE WITH STATE LAW. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYEMNT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT WITH ORTHOPAEDIC SURGICAL CENTER OF THE NORTH SHORE AT ANY TIME FOR ANY REASON. THIS AT-WILL PORVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF ORTHOPAEDIC SURGICAL CENTER OF THE NORTH SHORE, AND UNDERSTAND THAT ORTHOPAEDIC SURGICAL CENTER OF THE NORTH SHORE HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL OR ITS ARBITRATION POLICY, IF ANY.

I authorize Orthopaedic Surgical Center of the North Shore to confirm all statements contained in this application as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by Orthopaedic Surgical Center of the North Shore to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Orthopaedic Surgical Center of the North pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Orthopaedic Surgical Center of the North and its representatives seeking such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Orthopaedic Surgical Center of the North. I also understand Orthopaedic Surgical Center of the North Shore employs only individuals who are legally eligible to work in the United States.

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.**

Applicant Signature Date / /