

Application for Employment

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the second page of the application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodations in the application process, if needed.

This application will be retained for six months, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____ TEL. NO. _____
No. Street City State Zip Day Evening

Position applied for? _____ When are you available for employment? _____

Which type of employment are you seeking: Full-Time Part-Time Temporary or Summer

Record of Employment

1. Name of Current/Most Recent Employer		Address		Telephone	Type of Business
Date Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. ___ Yr. ___	To Mo. ___ Yr. ___	Starting	Ending		
List the job title you held, duties performed, skills used or learned, advancements or promotions.					

May we contact your current employer? Yes No

2. Name of Next Previous Employer		Address		Telephone	Type of Business
Date Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. ___ Yr. ___	To Mo. ___ Yr. ___	Starting	Ending		
List the job title you held, duties performed, skills used or learned, advancements or promotions.					

3. Name of Next Previous Employer		Address		Telephone	Type of Business
Date Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. ___ Yr. ___	To Mo. ___ Yr. ___	Starting	Ending		
List the job title you held, duties performed, skills used or learned, advancements or promotions.					

Have you ever been convicted of a criminal offense? Yes No (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Are you over 18 years of age? Yes No

Are you authorized to work in the United States? Yes No (Federal Law requires proof of identity and employment authorization for all new employees.)

Have you been convicted of Medicare or Medicaid fraud or been sanctioned under either Medicare or Medicaid? Yes No
If yes, please attach a full explanation.

Do you smoke? Yes No

Please note that in accordance with Lewiston Orthopedics Standards of Conduct and Compliance plan, applicants for positions who will have discretionary authority to make decisions involving compliance issues will undergo a screening process. This process will include reference checks and may include criminal background checks, and verification through the Office of Inspector General's Cumulative Sanction Report.

EDUCATION (Circle last year completed)	SCHOOL NAME	MAJOR SUBJECTS
Elementary & Jr. High 5 6 7 8	_____	Not Applicable
High School 1 2 3 4	_____	_____
High school diploma or equivalent (GED)	_____ Yes or _____ No	_____
College 1 2 3 4	_____	_____
Other job-related education	_____	_____

If you are an experienced operator of any business/plant machines or equipment, please list: Other job-related skills:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST A FAMILY MEMBER TO CALL IN CASE OF EMERGENCY: _____ PHONE: _____

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, education institutions, custodians of official records, or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations, or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Lewiston Orthopedics to release to any person, firm, entity, or organization with whom I may seek employment in the future, any truthful information concerning my work experience with Lewiston Orthopedics. I hereby release and hold Lewiston Orthopedics harmless from any claims for releasing any truthful information within its knowledge and/or records.

DIPLOMA/LICENSE EMPLOYMENT REQUIREMENTS:

1. High School/College Diploma: I acknowledge that upon accepting a position at Lewiston Orthopedics, I will be required to provide Lewiston Orthopedics evidence of meeting the requirement of a high school diploma or equivalent within thirty (30) days of employment. A college/university diploma will be accepted in lieu of a high school diploma as long as the educational institution is accredited and consequently requires a high school diploma for admission.
2. Professional License: All applicants upon accepting a position at Lewiston Orthopedics will be required to provide evidence of meeting the licensing requirement prior to beginning employment. In addition, each licensed employee will be responsible for submitting a copy of all license renewals to Administration before expiration of the license.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and I understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period, and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.**

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____