



APPLICATION FOR EMPLOYMENT

Date: _____				
Name _____				
Last	First	MI	Maiden	
Have you worked or attended school under any other names? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No				
Current Address _____				
Number	Street	City	St	Zip
Home Telephone (____) _____		Alternate Telephone: (____) _____		
E-mail: _____				
If hired, can you furnish proof you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position applied for _____		Days/hours available to work		
Salary desired _____		No Pref. _____ Wed <input type="checkbox"/>		
		Mon <input type="checkbox"/> Thur <input type="checkbox"/> Sat <input type="checkbox"/>		
		Tues <input type="checkbox"/> Fri <input type="checkbox"/>		
Employment desired <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time				
How many hours can you work weekly? _____ When are you available to begin working? _____				
If hired, do you expect to be engaged in any other business, employment or education?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain: _____				
Have you ever applied here before? <input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No				

EDUCATION & TRAINING

High School Name: _____ Graduated: ☐ Yes ☐ No

College or University Name: _____ Graduated: ☐ Yes ☐ No

Major/Course Studied: _____

Certifications Earned and Date Earned: _____

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)

☐ No ☐ Yes

If yes, explain. _____

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? ☐ No ☐ Yes

If yes, please explain: _____

DIRECT CARE APPLICANTS ONLY

Current Clinical Licensure

State: _____ License No.: _____ Date of Renewal: _____

CPR Certified: ☐ Yes Expiration: _____
☐ No

X-Ray Safety Course? ☐ Yes Date: _____
☐ No

Memberships/Associations/Affiliations: _____

What machines/equipment can you operate that are related to the job for which you are applying? _____

Other Skills: _____

SCHEDULED TIME OFF

Do you have any pre-determined vacation days scheduled or any days that will conflict with regular working hours? If so, what days are in conflict? _____

MILITARY

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held including full address and phone details. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Note: A job offer may be contingent upon acceptable references from current and former employers. If currently employed, may we contact your current employer? ☐ Yes ☐ No

Name of Employer	Name of last Supervisor	Dates	Pay / Salary
Address		From	Start
City, ST Zip		To	Final
Phone Number			
Job Title			
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of Employer Address City, ST Zip Phone Number	Name of last Supervisor	Dates	Pay / Salary
		From To	Start Final
	Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of Employer Address City, ST Zip Phone Number	Name of last Supervisor	Dates	Pay / Salary
		From To	Start Final
	Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

SKILLS

Please list any skills you have that are appropriate for the position you are applying for:

*If application is not completed in its entirety, candidacy will be withdrawn

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER In exchange for the consideration of my job application by Ankle and Foot Centers of Georgia, LLC (hereinafter called “the Company”), I agree that:

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 Ankle and Foot Centers of Georgia, LLC, 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 Administrator of the Company. Both the undersigned and Ankle and Foot Centers of Georgia, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I further understand that employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

APPLICANT INFORMATION RELEASE I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Ankle and Foot Centers of Georgia, LLC, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature of applicant _____ **Date** _____

Ankle & Foot Centers of Georgia, LLC 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, pregnancy, genetic information or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

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