



FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

APPLICATION FOR EMPLOYMENT
OrthoArkansas is An Equal Opportunity Employer

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

By considering the Application, **OrthoArkansas, P.A.** ("OrthoArkansas") makes no commitment of employment to the applicant. This Application will remain active for 60 days. After that, the applicant must complete a new Application if the applicant still wishes to be considered for employment.

EMPLOYMENT WITH ORTHOARKANSAS IS "AT-WILL", MEANING THAT EITHER ORTHOARKANSAS OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

OrthoArkansas is a drug-free workplace and complies with the Arkansas Drug-Free Workplace Act, Ark. Code. Ann. §11-14-101, et. Seq. It is a condition of employment for employees to refrain from reporting to work or working with the presence of drugs or alcohol in the employee's body. If an employee fails to comply with a drug or alcohol test request, or both, or receives a positive confirmed result for the illegal use of drugs or alcohol, or both, those events may lead to discipline up to an including termination of employment, or loss of workers' compensation benefits pursuant to Arkansas Workers' Compensation Commission Rule 36, or both. Any applicant that refuses to comply with a drug test request or who receives a positive confirmed test result for illegal drugs, as defined by OrthoArkansas' policy, will not receive any further consideration for employment.

BASIC INFORMATION: Please print in ink.

Position Applied For	Date of application
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How Did you Learn About Us?

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Last Name	First Name	Middle Name
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Address:			
Street Number	City	State	Zip

Telephone Number(s)	Social Security Number
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Salary Requirements: _____

Have you been convicted of a crime within the last 7 years? Yes No

Conviction will not necessarily disqualify you from employment.

If yes, please explain: _____

Are you lawfully authorized to work in the United States? Yes No

Can you perform, with or without accommodation, the essential functions of the position for which you are applying?

Yes No

If required occasionally, can you work overtime? Yes No

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignment, self-employment, summer and part-time jobs.

① Company	Address			Telephone
Date Employed To From	Salary	Starting	Leaving	Supervisor
Your Duties:				
Reason for Leaving:				

② Company	Address			Telephone
Date Employed To From	Salary	Starting	Leaving	Supervisor
Your Duties:				
Reason for Leaving:				

③ Company	Address			Telephone
Date Employed To From	Salary	Starting	Leaving	Supervisor
Your Duties:				
Reason for Leaving:				

Please account for all periods of unemployment longer than three (3) months

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? Yes No

REFERENCES: (NOT former Employers or Relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma Or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate, why did you leave school or college?

Are you planning to pursue further studies? Yes No

Day School Night School

If so, when, where, and what courses?

INTERESTS: Use this space below to describe your interest in Health Care, skills, and aptitudes that you feel qualify you for a position with ORTHOARKANSAS, PA. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting and the like). If you need more space, please continue on a separate sheet.

Signature of Applicant

Date

IMPORTANT: READ CAREFULLY

I authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above on this Application, all public officials, and any other person or entity, to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I release any employers, schools, public officials, and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.

I understand and accept that as part of the application and employment process, and/or during employment with OrthoArkansas, I may be asked to submit to physical examinations that may include testing for alcohol and drugs, and/or be fingerprinted. By signing this Application, I agree to submit to those examinations and release all persons and entities from any and all liability arising out of those examinations, tests, and fingerprints. I further agree that the examining person may disclose to OrthoArkansas or its representative the results of the examinations.

If employed, I agree to follow all policies, practices, and procedures of OrthoArkansas and acknowledge that these may be changed, interpreted, withdrawn, or amended by OrthoArkansas at any time, at OrthoArkansas' sole option, and without any prior notice to me. I consent and agree that OrthoArkansas has the right to search my personal property located on OrthoArkansas' property, along with OrthoArkansas' desks, closets, et cetera, for the purpose of investigating possible violations of OrthoArkansas' rules/policies. This means that OrthoArkansas also has the right to access to my telephone conversations and e-mails or other types of electronic communications.

I further acknowledge that my employment, or any offer of employment, if one is made is "at-will", meaning that my employment may be terminated, with or without cause, and with or without prior notice, at any time, even after acceptance, at OrthoArkansas' or my option. I understand and agree that no representative of OrthoArkansas, other than the CEO or President (and even then, only in writing), has any authority to enter into any contract for employment with me of any kind and I acknowledge that no one from OrthoArkansas has asserted to me any contract of employment or agreement for employment for any specific period of time.

I WARRANT AND REPRESENT THAT ALL FACTS GIVEN ON THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE AND AGREE THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS CAUSE FOR REJECTION OR TERMINATION.

Signature of Applicant

Date

OrthoArkansas, P.A.
10301 Kanis Road, Little Rock, AR 72205
Phone: (501) 604-6900 Fax: (501) 604-3220

REFERENCE CHECKING FORM

Dear _____

Your current/former employee, _____, has applied for a position with our company. By signing the authorization below, the individual consents for you to provide information related to employment with you. Arkansas law provides you with protection from civil liability for disclosing the information listed below. See Ark. Code Ann. §11-3-204.

1. Date and duration of employment. _____
2. Last pay rate and salary history. _____
3. Please attach a job description or list job duties. _____
4. Please provide a copy of the last written performance evaluation.
5. Please provide the employee's attendance history.
6. Did the employee engage in any harassing acts such as threatening violence at work or toward a co-worker? _____
If yes, please explain. _____
7. Was the employee separated from work voluntarily, or involuntarily? _____
8. Please state the reason for separation. _____
9. Is the employee eligible for rehire? _____
If not, why not? _____

CONSENT

I, _____, HEREBY GIVE MY CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE TO PROVIDE THE ABOVE INFORMATION WITH REGARD TO MY EMPLOYMENT WITH THEM TO ORTHOARKANSAS, PA. THIS CONSENT IS VALID FOR AS LONG AS MY APPLICATION WITH ORTHOARKANSAS, PA IS ACTIVE OR FOR SIX (6) MONTHS FROM THE DATE OF MY SIGNATURE, WHICHEVER COMES FIRST.

Applicant's Signature

Date

Printed Name and Signature
Former Employer or Agent of Former Employer

Date

Please return this completed form in the enclosed addressed envelope. Thank you.