

Application for Employment



**GUILFORD
ORTHOPAEDIC**
AND SPORTS MEDICINE CENTER
A Division of Southeastern Orthopaedic Specialists, P.A.



ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Length of time at this address _____ If less than one year, please provide prior address

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment background check and drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____



Page 2

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Organization Participates in E-Verify



This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

**For more information on E-Verify, please contact DHS at:
1-888-464-4218**

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E-VERIFY IS A SERVICE OF DHS AND SSA

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