



# SANDHILL ORTHOPAEDIC & SPORTSMEDICINE, L.L.C.

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## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this form. Please print, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ employment?

When could you start work? \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if hired, you may be required to submit proof of age.)

Social Security Number (optional) \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest"  
Exclude minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give details. \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying are also considered.)

Are you now or do you expect to be engaged in any other business or employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain \_\_\_\_\_

**EDUCATION:**

Please list name and address of schools, number of years completed, diploma/degree/certificate received.

High School or GED \_\_\_\_\_

College or University \_\_\_\_\_

Subjects Studied \_\_\_\_\_

Vocational or Technical \_\_\_\_\_

Subjects Studied \_\_\_\_\_

**SKILLS:**

What skills or additional training do you have that are related to the job for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by the Family and Medical and Leave Act.) \_\_\_\_\_

For Driving Jobs ONLY: Do you have a valid driver's license?

Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the past 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give details \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Period (Begin/End) \_\_\_\_\_ Pay (Begin/End) \_\_\_\_\_

Title/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Period (Begin/End) \_\_\_\_\_ Pay (Begin/End) \_\_\_\_\_

Title/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Period (Begin/End) \_\_\_\_\_ Pay (Begin/End) \_\_\_\_\_

Title/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Period (Begin/End) \_\_\_\_\_ Pay (Begin/End) \_\_\_\_\_

Title/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## REFERENCES

Have you worked or attended school under any other names?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give names \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," whom do you suggest we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Have ever been fired from a job or asked to resign?

Yes \_\_\_\_\_ No \_\_\_\_\_

Provide three written references who are not relatives. Provide name, address and phone number.

## AFFIDAVIT

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definitive period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice

I have read, understand, and by signature consent to the statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(The application for employment will remain active for two years. Ask the organization representative for details.)