



# Black Hills Orthopedic & Spine Center, P.C.

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

NAME (Last, First, Middle)

DATE

PRESENT ADDRESS (Street, City, State, Zip)

SOCIAL SECURITY NUMBER

PHONE NUMBER

REFERRED BY

### EMPLOYMENT DESIRED:

POSITION(S)

SALARY DESIRED

DATE AVAILABLE

ARE YOU AVAILABLE TO WORK:

FULL TIME \_\_\_\_\_?

PART TIME \_\_\_\_\_?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  
FOR WHAT POSITION? WHEN?

YES \_\_\_\_\_

NO \_\_\_\_\_

ARE YOU LEGALLY QUALIFIED FOR EMPLOYMENT WITHIN THE U.S.?

YES \_\_\_\_\_

NO \_\_\_\_\_

### EDUCATION:

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?		DEGREE EARNED
			YES	NO	
HIGH SCHOOL					
TRADE OR BUSINESS SCHOOL					
COLLEGE					

PLEASE LIST ANY OTHER TRAINING THAT MAY BE APPLICABLE TO YOUR SKILLS AND ABILITIES AS A JOB APPLICANT.

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**PRIOR EMPLOYMENT** (Begin with most recent employer)

*For additional employers, please document information on a separate sheet of paper and attach to application.*

<b>EMPLOYER</b>	<b>PHONE</b>	<b>FROM:</b>	<b>TO:</b>
ADDRESS (Street, City, State, Zip)		POSITION	
TITLE AND DUTIES		SUPERVISOR'S NAME/TITLE	
REASON FOR LEAVING		STARTING SALARY/WAGE \$	FINAL SALARY/WAGE \$
<b>EMPLOYER</b>	<b>PHONE</b>	<b>FROM:</b>	<b>TO:</b>
ADDRESS (Street, City, State, Zip)		POSITION	
TITLE AND DUTIES		SUPERVISOR'S NAME/TITLE	
REASON FOR LEAVING		STARTING SALARY/WAGE \$	FINAL SALARY/WAGE \$
<b>EMPLOYER</b>	<b>PHONE</b>	<b>FROM:</b>	<b>TO:</b>
ADDRESS (Street, City, State, Zip)		POSITION	
TITLE AND DUTIES		SUPERVISOR'S NAME/TITLE	
REASON FOR LEAVING		STARTING SALARY/WAGE \$	FINAL SALARY/WAGE \$

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
 IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO  
 WILL YOUR FORMER EMPLOYER(S) GIVE YOU A FAVORABLE REFERENCE? \_\_\_\_ YES \_\_\_\_ NO IF **NO**, PLEASE EXPLAIN:  
 HAVE YOU EVER BEEN FIRED, DISCHARGED, OR ASKED TO RESIGN FROM EMPLOYMENT? \_\_\_\_ YES \_\_\_\_ NO IF **YES**, PLEASE EXPLAIN.

**REFERENCES**

LIST THE NAMES OF PERSONS WHOM YOU HAVE KNOWN AT LEAST 2 YEARS. *DO NOT LIST RELATIVES.*

NAME	ADDRESS	PHONE	TYPE	YRS. KNOWN

I warrant that all information contained in this application is factual to the best of my knowledge. I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if hired, my employment is "at will" for no definite period and may be terminated at any time without previous notice.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

It is our policy to comply with all federal and state laws concerning non-discrimination and equal employment opportunity, regardless of race, color, sex, national origin, religion, age, sexual orientation, gender identity, disability,(except where handicap or age is a bona fide occupational qualification), veteran status or organizational membership. It is our policy to take affirmative action towards the goals and intentions of the applicable laws.

## VOLUNTARY SELF-IDENTIFICATION FORM

The following statistical information is used only for compliance with federal laws assuring equal employment opportunity without regard to race, color, sex, national origin, religion, age, sexual orientation, gender identity, disability, veteran status or any other classification protected by federal, state, or local law. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_ **Gender:** Female \_\_\_\_ Male \_\_\_\_

**Referral Source:**

Advertisement                       Employment Agency                       Employee Referral  
 Unsolicited                               Other – Specify \_\_\_\_\_

**Race/Ethnic Identification:** Check the description that best corresponds to the ethnic group with which you identify.

**Hispanic or Latino:** Persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. If you check here do you consider yourself  Hispanic or  Latino?

**White (Not Hispanic or Latino):** Person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black or African American (Not Hispanic or Latino):** Person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino):** Person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino):** Person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino):** Persons who identify with more than one of the above races.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment.

**Disabled/Veteran Status:** Check one if it describes your veteran status.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities (2) has a history of such impairment or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more or (2) was discharged or released from active duty because of a service-connected disability.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_