

**SIERRA PACIFIC ORTHOPEDICS  
APPLICATION FOR EMPLOYMENT**

**SPOC is an equal opportunity employer and affords equal employment opportunities to all applicants and employees without regard to race, color, creed, national origin, ancestry, sex (including gender identity and pregnancy), sexual orientation, age, religion, physical disability (including HIV or AIDS), mental disability, medical condition, marital status (including registered domestic partner status), citizenship status, military service status or other consideration protected by law.**

**PERSONAL INFORMATION:**

**Date:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Email:** \_\_\_\_\_

**All Names Used In The Past:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
Street City State ZIP

**Permanent Address:** \_\_\_\_\_  
Street City State ZIP

**Residence Addresses During the Past Five Years:**

\_\_\_\_\_  
Street City State ZIP Dates

\_\_\_\_\_  
Street City State ZIP Dates

\_\_\_\_\_  
Street City State ZIP Dates

\_\_\_\_\_  
Street City State ZIP Dates

**Driver's License Information:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Restrictions or Suspensions:** (respond fully if driving is required by the job for which you are applying) \_\_\_\_\_

**Are you over 18 years of age?**       Yes     No

**Are you eligible to work in the United States?**       Yes     No

**Names of Any Relatives Working For the Company:** \_\_\_\_\_

**Referred By/Learned of SPOC From:** \_\_\_\_\_

**Have you ever been disciplined for discrimination, harassment or violation of company policies; fired; or asked to resign from employment?**       Yes     No

If "Yes," please identify the former employer and explain: \_\_\_\_\_



**EDUCATION AND SKILLS:**

	<b>High School</b>				<b>Undergraduate College/University</b>				<b>Graduate/ Professional</b>			
<b>School Name and Location</b>												
<b>Years Completed</b>	9	10	11	12	1	2	3	4	1	2	3	4
<b>Diploma/Degree</b>												
<b>Describe Course of Study</b>												

<b>Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying.</b>	
<b>Describe any honors, scholarships, appointments or awards you have received.</b>	
<b>State any additional information you feel may be helpful to us in considering your application.</b>	

	<b>Indicate Any Foreign Languages You Can Speak, Read and/or Write:</b>		
	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

List any job-related professional or technical organizations to which you belong:

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List professional, trade, business or civic activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status:

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List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

License No.: \_\_\_\_\_

Has any disciplinary action been taken with respect to your license?       Yes     No

If "Yes," please explain in detail: \_\_\_\_\_

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**FORMER EMPLOYERS:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Do not exclude any employment. Explain any gaps in employment. Identify other employers on the back if you have insufficient room to list all previous employers.

1. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
2. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					

3. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
4. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
5. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					

**REFERENCES:** List three non-employment references who are not related to you, and have known you for at least one year.

1. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone Business Years Acquainted

2. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone Business Years Acquainted

3. \_\_\_\_\_  
 Name Address

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Telephone Business Years Acquainted

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
 Name Address

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Home Telephone Cellular Telephone Business Telephone

**I understand and acknowledge the following:**

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver's license and provide proof of automobile insurance if my job requires me to drive in the course of my work.
4. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period. My employment may be terminated at any time with or without cause and with or without prior notice. In addition, all terms and conditions of my employment shall be at will and subject to modification by the Company at any time. I understand that, except for the President of SPOC, no supervisor or manager may alter or amend the above conditions. Only the President of SPOC has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the terms of this paragraph and any agreement different than this paragraph is unenforceable unless it is in writing and signed by the President of SPOC.
5. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.
6. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.
7. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of both a drug and alcohol screen and a post-offer medical examination. I agree that failure to pass the test/examination, refusal to cooperate with the administration of the test/examination, or any attempt to improperly affect the results of the test/examination will result in the withdrawal of any offer or termination of employment if already employed.
8. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.
9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company and sign an Employee Handbook acknowledgement form and other documents signed by new employees including a background investigation authorization, a drug testing authorization, a mandatory arbitration agreement and a confidentiality agreement.
10. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
11. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through ten (10) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President of SPOC. I hereby agree to submit any dispute arising out of my submission of this application to binding arbitration pursuant to the Company's alternative dispute resolution policy. I agree that I will have no right to a jury trial arising from my application or employment should I be offered employment.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE CONTENTS OF THIS EMPLOYMENT APPLICATION.

\_\_\_\_\_  
 Date Applicant's Signature