

# Cho Foot and Ankle Specialists, PLLC

## Application for Employment

### An Equal Opportunity Employer

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

Please 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.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last & Area Code

Address \_\_\_\_\_  
# and Street City State Zip

Are you 18 years of age or older? Yes  No   
(If you are 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 applied here before? Yes/When \_\_\_\_\_ 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: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_

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?

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

Current Clinical Licensure: State \_\_\_\_\_ License # \_\_\_\_\_  
Date of Renewal \_\_\_\_\_

What machines or equipment can you operate 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 Leave Act.) \_\_\_\_\_

**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.

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

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

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

Employment Period (Begin/End): \_\_\_\_\_ Salary (Begin/End): \_\_\_\_\_

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

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

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

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

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

Employment Period (Begin/End): \_\_\_\_\_ Salary (Begin/End): \_\_\_\_\_

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

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

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

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

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

Employment Period (Begin/End): \_\_\_\_\_ Salary (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 you ever been fired from a job or asked to resign? Yes  No

Give three references, not relatives or former employers. Provide names, addresses, and telephone numbers.

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

**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 omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

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 that 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 definite 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 these statements.

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

(This application for employment will remain active for a limited time. Please ask the organization representative for details.)