



Orthopedic & Fracture Clinic

11782 SW Barnes Road, Suite 300
Portland, Oregon 97225
Tel: 503.214.5200 Fax: 503.906.6613

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL

NAME: _____

Address: _____

Telephone: () _____ Social Security #: _____

DATE AVAILABLE FOR EMPLOYEMENT: _____

Have you ever been employed by this Employer? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Type of work desired: _____

Wages desired: _____

Do you have a valid driver's license in this state? Yes No

License #: _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work FULL-TIME PART-TIME OVER-TIME

NOTE: This EMPLOYER is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with the applicable federal and state equal employment opportunity laws.

Have you pled guilty or been convicted of a felony?

(Please note that a "YES" answer will not bar you from consideration for employment) [] Yes [] No

If YES, please explain:

EDUCATION:

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
School Name:	_____			
Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study:	_____			

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the position that you are seeking:

REFERENCES:

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

	Name:	Occupation/Relationship:	Years Known:	Telephone:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYEMENT EXPERIENCE:

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

Employer	Employed	Supervisor's Name
Address	from ___ mo/yr	Telephone #:
	to ___ mo/yr	

Your job position:

Duties:

Your salary or hourly: Starting / Ending

Reason for leaving:

What did you like most about your job?

What did you like least about your job?

Employer

Employed

Supervisor's Name

Address

from ___ mo/yr

Telephone #:

to ___ mo/yr

Your job position:

Duties:

Your salary or hourly: Starting / Ending

Reason for leaving:

What did you like most about your job?

What did you like least about your job?

Employer

Employed

Supervisor's Name

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from ___ mo/yr

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