

Application Number _____

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered,

PERSONAL:

Date ____/____/____

Name _____ Home Phone (____) _____
LAST FIRST MIDDLE Area Code

Present Address _____
NO STREET CITY STATE ZIP

Social Security No. _____ Are you over 18? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No

If yes, state the offense, location, date, and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If no, please explain _____

Would you be willing and able to relocate? Yes No

Drivers License: State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment?

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days or hours you

would be unable or unwilling to work _____

EDUCATION:

| Name, Address, and Location | Dates | Graduate? | Courses Studied |
|-----------------------------|------------------|---|-----------------|
| High School | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |
| College | From: To: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |
| Trade School | From: To: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where, and what courses? _____

List any scholastic honors, offices held, and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

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 supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME.

| | | | | | |
|--|--------------------|--------------------------------------|----------------|------------|--------------------|
| Name of Employer Address City, State, Zip Code | | Name and Title of Last Supervisor | Dates Employed | | Pay |
| | | | From: | To: | Starting |
| | | | Mo. _____ | Mo. _____ | \$ _____ |
| Telephone Area Code () | Nature of Business | | Year _____ | Year _____ | Ending \$ _____ |
| Duties | | Reason for Leaving | | | |

| | | | | | |
|--|--------------------|--------------------------------------|----------------|------------|--------------------|
| Name of Employer Address City, State, Zip Code | | Name and Title of Last Supervisor | Dates Employed | | Pay |
| | | | From: | To: | Starting |
| | | | Mo. _____ | Mo. _____ | \$ _____ |
| Telephone Area Code () | Nature of Business | | Year _____ | Year _____ | Ending \$ _____ |
| Duties | | Reason for Leaving | | | |

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|--|--------------------|--------------------------------------|----------------|------------|--------------------|
| Name of Employer Address City, State, Zip Code | | Name and Title of Last Supervisor | Dates Employed | | Pay |
| | | | From: | To: | Starting |
| | | | Mo. _____ | Mo. _____ | \$ _____ |
| Telephone Area Code () | Nature of Business | | Year _____ | Year _____ | Ending \$ _____ |
| Duties | | Reason for Leaving | | | |

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|--|--------------------|--------------------------------------|----------------|------------|--------------------|
| Name of Employer Address City, State, Zip Code | | Name and Title of Last Supervisor | Dates Employed | | Pay |
| | | | From: | To: | Starting |
| | | | Mo. _____ | Mo. _____ | \$ _____ |
| Telephone Area Code () | Nature of Business | | Year _____ | Year _____ | Ending \$ _____ |
| Duties | | Reason for Leaving | | | |

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) _____

Are you presently employed?Yes No

If yes, may we contact your present employer?Yes No

Have you ever been fired, or asked to resign from a job? _____ If yes, please explain _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Do you take shorthand? Yes No Words Per Minute _____

Have you had any computer or word processing experience or training? Yes No

If yes, please describe _____

What languages do you speak fluently? _____

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
| | | | |
| | | | |
| | | | |

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.

I agree that if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason, or no reason at all, with or without prior notice.

Signature _____

Date ____/____/____

COMPANY USE ONLY

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement? Yes No

If yes to above, has a request for driver's record been made? Yes No

PHR Associates and



IMPORTANT DISCLOSURE

Required by the Fair Credit Reporting Act (FCRA)

Please read before completing and signing the Applicant ProFile.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY PHR ASSOCIATES, INC. AND HUMAN RESOURCE PROFILE, INC AND PROVIDED TO MY PROSPECTIVE EMPLOYER.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____ Date _____

Human Resource ProFile, Inc.

8506 Beechmont Avenue * Cincinnati, OH 45255-4708 * 800-969-4300 * 513/388-4300 * Fax 513/388-4320

09/01



APPLICANT PROFILE &

Authorization

Must Be Fully Completed & Signed
Please Print Clearly in Black Ink

Send the Completed Profile
 to: HR ProFile, Inc.
 by Fax: 1-513-388-4320
 S-Cats, or E-Prism
 Client Service: 800-969-4300

APPLICANT INFORMATION

Name _____ [_____]
First MI Last Maiden

Address _____ City/State _____ County _____ Zip _____

Previous _____ City/State _____ County _____ Zip _____

SS# _____ Driver's Licence No. _____ and State _____

Date of Birth ____/____/____ Age is not a criterion for any decision, but is used for identification purposes ONLY.
Month Day Year

Professional license check information only: License # _____ State _____ Type _____

Have you ever pled guilty, been convicted, entered a plea of no contest, or had prosecution deferred or adjudication withheld for any crime? No _____ Yes _____, If Yes list them below.

| List All Offenses Including Traffic and Criminal | | City, County, and State of Offense | | |
|--|---------|------------------------------------|--------|-------|
| Year | Offense | City | County | State |
| | | | | |
| | | | | |
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I have been informed in writing that the Employer may obtain a consumer report on me for employment purposes. I hereby authorize the Employer to obtain the report and authorize and direct the release to PHR Associates, Inc. and Human Resource ProFile, Inc., independent contract agencies, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in state and local files for violations of any federal, state, local statutes, or ordinances, my credit history, workers' compensation history, driving record, and scholastic records and hereby release said persons, schools, companies, courts, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by PHR Associates, Inc. and Human Resource ProFile, Inc. and reported to the Employer. I hereby acknowledge that PHR Associates, Inc. and Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release PHR Associates, Inc. and Human Resource ProFile, Inc., its agents and/or the Employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize PHR Associates, Inc. and Human Resource ProFile, Inc. to release any and all information to the Employer. I am aware that the report may be prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon my written request, a copy of the report, if not hired.

Applicant Signature _____ **Date** _____

TO BE COMPLETED BY EMPLOYER

Employer: Florida Orthopaedic Institute Location Tampa Florida Date _____ Time Sent _____

Person: Making this Request Lesley Drovie To Receive the Report _____

Phone: 813-978-9779 Fax: 813-972-2078 Acct # PHRAI-002

Criminal History: >>>>> SS trace & Multi-County Single County State Repository, if available

MVR Workers' Compensation Credit

SS no. Ver. Employment Ver. Professional License Check

Special Request: _____

When the report is for employment purposes, you must also certify to HRP that you have provided the applicant with the disclosure form. HR ProFile will return reports to you by FAX unless you are using one of the online systems.

**FLORIDA ORTHOPAEDIC INSTITUTE
SUMMARY OF THE EMPLOYEE SUBSTANCE ABUSE POLICY
AND CONSENT TO BE TESTED**

As a condition of employment I will be required to submit to these types of drug and/or alcohol tests: job applicant; reasonable suspicion (cause), routine fitness for duty (if used), return to duty, follow up, and post accident.

If I refuse to submit to the testing or have a positive drug or alcohol test result:

(1) as a job applicant - my offer of employment which was conditioned upon successfully passing a drug test will be terminated;

(2) as an employee - the Company will take disciplinary action up to and including discharge from employment and I may forfeit my worker's compensation medical and indemnity benefits.

I can confidentially report the use of prescription and non-prescription medications before and after being tested. A list of medications which affect the testing is available. A list of all drugs that the Company will test for is posted and is in an appendix to the Substance Abuse Policy and is posted. Names, addresses, telephone numbers of employee assistance and rehabilitation programs are available for my use.

I may consult with the Medical Review Officer as to my drug test results. I may explain or contest within 5 days after a written notice of a positive test result. I must notify the laboratory if I wish to start civil or administrative action. All drug program reports, results, and information are confidential and not released without my authorization.

My rights and responsibilities are covered under State law/s, including but not limited to Florida Statute 440 - Workers' Compensation, Drug Free Workplace Program. The complete Substance Abuse Policy and procedures are available for my review during normal business hours and portions of them are also posted in work locations.

I HAVE READ AND UNDERSTAND THE ABOVE SUMMARY OF THE COMPANY'S SUBSTANCE ABUSE POLICY AND FREELY CONSENT TO BE TESTED FOR DRUGS AND ALCOHOL, AND AUTHORIZE THE COLLECTION AND TESTING OF MY SPECIMEN. I ALSO AUTHORIZE THE SPECIMEN COLLECTION PERSONNEL, THE LABORATORY, AND THE MEDICAL REVIEW OFFICER TO PROVIDE THE TEST RESULTS, MEDICAL RECORDS, WRITTEN REPORTS, AND DATA CONCERNING MY TESTS TO THE APPROPRIATE COMPANY REPRESENTATIVE AND RELEASE THEM FROM ANY LIABILITY ARISING FROM DOING SO.

Employee/Applicant Printed Name

Employee/Applicant Signature

Social Security No.

Date

REFUSAL TO TEST

I hereby refuse to submit to the required testing and acknowledge the consequences of my refusal, as described above.

Employee/Applicant Printed Name

Employee/Applicant Signature

Social Security No.

Date