

Employment Application For:  
DownEast Orthopedics Associates, PA

78 Ridgewood Drive

Bangor, ME 04401

Phone: (207) 947-8381

Fax: (207) 942-5631

Date: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Desired: \_\_\_\_\_

Available Date: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Have you been convicted of a crime? (Class A, B or C) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any relatives currently employed at DownEast Orthopedics?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what department? \_\_\_\_\_

Do you have adequate transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

**Education**

	School Name & Address	Course of Study	Last Year Completed	Did You Graduate?	Diploma or Degree
High School					
College					
Technical, Business or Professional					

Professional License(s) And/Or Certification(s)

Type	State	Expiration Date	Registration

Please list name, address and phone number of previous employers, with most recent employers listed first.

Periods of unemployment should be included.

Employer	Job Title & Duties	Supervisor	Dates of Employment	Last Salary	Reason for Leaving

Personal References

(Not former employers or relatives)

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information of age, sex, race, religion, color, handicap or national origin.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date. I understand that my employment can be terminated, with or without cause, at the time at the discretion of the employer or myself. I understand that no management official of the employer other than the practice administrator or designee of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), previous employers, organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at any employment decision.

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