

**NEW MEXICO ORTHOPAEDICS**

## **Employment Application**

**NEW MEXICO SPINE**

**New Mexico Orthopaedic Associates, PC** is an Equal Opportunity Employer

This application is the property of **NMOA**

**PLEASE FILL OUT IN FULL**

# EMPLOYMENT APPLICATION

## BIOGRAPHIC DATA

PLEASE PRINT OR WRITE NEATLY IN INK. DO NOT TYPE.

NAME	(First)	(Middle)	(Last)	SOCIAL SECURITY #
CURRENT ADDRESS	(Street)	(City)	(State)	(Zip Code)
HOME TELEPHONE	For the purpose of verifying prior employment and educational background, please indicate any other name(s) under which you have worked and/or attended school:			
The Federal Government mandates the hiring of U.S. citizens and authorized aliens only. New Mexico Orthopaedic Associates, PC retains the right to refuse and/or terminate employment if proper identification is not presented to the Human Resources Department.				Do you have the legal right to remain and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously applied to NMOA or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", when?		Have you ever been employed by NMOA or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", when? Which office?		
Do you have any relatives employed at NMOA or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", list name(s):				
				Relationship(s):
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", please explain:				
How were you referred to New Mexico Orthopaedic Associates, PC? <input type="checkbox"/> Direct Application <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee Referral (list name): _____ <input type="checkbox"/> Other: _____				(Circle One): Newspaper Television Internet Magazine Radio
Position(s) Desired:	Location(s) Desired:	Wage/Salary Desired per hour/week/year		When can you start working?
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call <input type="checkbox"/> Weekends <input type="checkbox"/> Summer Only				Shift Desired: <input type="checkbox"/> Days <input type="checkbox"/> Evenings
Some positions require overtime, evenings and/or weekends. Can you work those hours, if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO		Certain positions require a valid driver's license and proof of insurance. State: _____ DL# _____ Exp: _____		Can you travel if a job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO

For proper evaluation, it is essential that all questions be answered on this application. Resumes may be used to supplement this information.

## EDUCATIONAL BACKGROUND

Name	City	State	Major Course of Study	Circle Last Year Successfully Completed	Date Completed	Diploma or Degree	Scholastic Average
High School or Preparatory				1 2 3 4			
College				1 2 3 4			
Graduate				1 2 3 4			
Additional Education				1 2 3 4			

## ADDITIONAL SKILLS AND ACTIVITIES

Office Machines Operated: 10-Key Adding Machine    Dictaphone    P.C.    Fax    Other: _____		Typing Speed _____ WPM
Specialized Skills: Computer Scheduling: _____ Procedure Scheduling: _____ Pre-Cert Experience: _____ Electronic Medical Records: _____	Computer Software Used: Windows _____ Word _____ PowerPoint _____ Excel _____ Lotus _____ Access _____ Other _____	
Please list any other skills that you feel would enhance your application for employment (including foreign languages that you read, write and/or speak).	List any licenses, certificates, professional achievements or organizational memberships (excluding ones that indicate race, religion, national origin, age, ancestry, physical or mental disability or any other protected status).	

## EMPLOYMENT HISTORY

**IMPORTANT** List all employment within the last ten (10) years, including part-time and summer employment, whether or not it seems relevant to the position for which you are applying (attach additional paper, if necessary). Please complete even if you have submitted a resume.

### Current or Most Recent Employer

Name of Employer			(Area Code) Telephone Number
Address	(Street)	(City)	(State) (Zip Code)
Title of Position	Name and Title of Supervisor		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Duties, Responsibilities and Significant Accomplishments			
Dates of Employment	From:	Month/Year	Starting Wage/Salary: \$
	To:	Month/Year	Ending Wage/Salary: \$
Hours Worked Per Week: _____			
Reason for Leaving:			

### Previous Employer

Name of Employer			(Area Code) Telephone Number
Address	(Street)	(City)	(State) (Zip Code)
Title of Position	Name and Title of Supervisor		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Duties, Responsibilities and Significant Accomplishments			
Dates of Employment	From:	Month/Year	Starting Wage/Salary: \$
	To:	Month/Year	Ending Wage/Salary: \$
Hours Worked Per Week: _____			
Reason for Leaving:			

### Previous Employer

Name of Employer			(Area Code) Telephone Number
Address	(Street)	(City)	(State) (Zip Code)
Title of Position	Name and Title of Supervisor		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Duties, Responsibilities and Significant Accomplishments			
Dates of Employment	From:	Month/Year	Starting Wage/Salary: \$
	To:	Month/Year	Ending Wage/Salary: \$
Hours Worked Per Week: _____			
Reason for Leaving:			

### ADDITIONAL DETAILS

Please explain any gaps in employment or provide additional information that would be helpful to us and relevant to the review of this application.


### MILITARY EXPERIENCE

U.S. Military Branch	Active Duty Entry Date	Date of Discharge	Training Specialty
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### PROFESSIONAL REFERENCES

Please provide the names and contact information for three (3) professional references, unrelated to you, to comment on your work performance.

Name	Address	(Area Code) Telephone Number

# NEW MEXICO ORTHOPAEDICS

## NEW MEXICO SPINE

By filling out this application, I understand that if I am offered and subsequently accept employment with New Mexico Orthopaedic Associates, PC, I will be employed at the will of NMOA for an indefinite period. Accordingly, I understand that I may resign from NMOA at any time, for any reason, and may also be terminated by New Mexico Orthopaedic Associates, PC at any time, for any reason.

I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications, which may include academic credentials, licenses, professional designations and employment history. I authorize NMOA to contact any of my schools or former employers. I authorize any former employer(s) or school(s) and their agents to provide such information and agree to hold them harmless from all liability that may arise as a result of providing such information. I understand that this Employment Application is not a guarantee of employment.

I further understand that employment may be contingent upon a pre-employment drug and/or alcohol screen. In addition, a criminal background investigation may be conducted.

In order to maintain a healthy work environment for all associates, New Mexico Orthopaedic Associates, PC is a smoke-free workplace. I understand that smoking is thus prohibited in all NMOA offices and facilities and agree to adhere to this policy.

I hereby certify that all of the information contained in this Employment Application, as well as on my resume, if applicable, is true and accurate. I understand that if I become employed by New Mexico Orthopaedic Associates, PC that any misrepresentation and/or omission of any facts on this Employment Application and/or resume is sufficient cause for summary dismissal upon discovery.

By signing this document, I acknowledge that I have read and understood all of the information contained within.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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# NEW MEXICO ORTHOPAEDICS

## Authorization for Release of Information

### NEW MEXICO SPINE

I, \_\_\_\_\_ (*Print Applicant Name*), hereby authorize all corporations, companies, business entities, former employers, business associates, personal associates, credit bureaus, lending institutions, consumer reporting agencies, educational institutions, law enforcement agencies, city, county, state and federal courts, military services, medical institutions, departments of motor vehicles and any other entities that retain motor vehicle records, and other persons to release information that they may have about me to the person or company with which this authorization has been filed, or their agent, R. Miller & Associates, LLC.

I hereby release *New Mexico Orthopaedic Associates, PC*, R. Miller & Associates, LLC and all entities described above, including their officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result because of compliance or any attempt to comply with this Authorization for Release of Information.

I understand that, in accordance with the Fair Credit Reporting Act, *New Mexico Orthopaedic Associates, PC* may obtain a Consumer Report from a Consumer Reporting Agency on all individuals who apply for employment or who are the subject of an employment decision. An Investigative Consumer Report is any written, oral or other communication of any information by a Consumer Reporting Agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that is collected and used as a factor in establishing my eligibility for employment purposes.

If hired, this Authorization shall remain on file and shall serve as an ongoing authorization for *New Mexico Orthopaedic Associates, PC*, R. Miller & Associates, LLC or any of the entities described above to procure Consumer Reports or Investigative Consumer Reports at any time during my employment period.

I am furnishing my Social Security Number, Driver's License number and Date of Birth on a voluntary basis with the understanding that is such is not required by Federal/State statute or regulation.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clearly)

Full Name: \_\_\_\_\_  
(Legal Signature)

Other Name(s) Used: \_\_\_\_\_

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

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

Telephone Number(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number and Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_