



Employment Application

The NeuroSpine Group is an equal opportunity employer. We do not discriminate in our hiring or employment practices based on any factor prohibited by law or regulation. Any person needing reasonable accommodation in the application process should contact Human Resources.

Personal Information

Name _____ Date of Application _____

Address _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

Employment Desired

Position Applied For _____ Salary Desired _____

Available Beginning _____ Applying For: Full Time ___ Part Time ___ Per-Diem ___

Have you ever applied to NeuroSpine before? Yes ___ No ___ If Yes, When _____

Are you legally eligible for employment in the United States? Yes ___ No ___

Are you at least 18 years of age? Yes ___ No ___

Are you able to perform the duties of the job for which you are applying for, with or without reasonable accommodation? Yes ___ No ___

Do you have any commitments with another employer which might affect your employment here? Yes ___ No ___

If yes, please explain _____

Educational Background

Type of School	Name and Location of School	Years Attended	Graduated	Course/Major
High School				
College				
Post Graduate				
Business or Trade School				

Job Related Skills and Other Qualifications _____

Oregon Professional Registration and/or License Number _____ Expiration Date _____

Employment History

List in order, all employers, last or present employer first. Give the most complete information possible. Please give month and year.

Employer Name _____

Employed: Years _____ Months _____

Address: _____

Dates From: _____

Your Title _____ Supervisor _____

Dates To: _____

Specific Duties _____

Phone: _____

Reason For Leaving _____

May we contact this employer? Yes _____ No _____

Employer Name _____

Employed: Years _____ Months _____

Address: _____

Dates From: _____

Your Title _____ Supervisor _____

Dates To: _____

Specific Duties _____

Phone: _____

Reason For Leaving _____

May we contact this employer? Yes _____ No _____

Employer Name _____

Employed: Years _____ Months _____

Address: _____

Dates From: _____

Your Title _____ Supervisor _____

Dates To: _____

Specific Duties _____

Phone: _____

Reason For Leaving _____

May we contact this employer? Yes _____ No _____

Employer Name _____

Employed: Years _____ Months _____

Address: _____

Dates From: _____

Your Title _____ Supervisor _____

Dates To: _____

Specific Duties _____

Phone: _____

Reason For Leaving _____

May we contact this employer? Yes _____ No _____

References

List three individuals not relatives or former employers. Include the name, occupation, years acquainted, address and phone number for each reference.

1. _____

2. _____

3. _____



Employment Application Authorization

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand, if hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions and other references, listed or not listed on this application, may be contacted by NeuroSpine. These references are authorized to give NeuroSpine any and all pertinent information they may have. I release all persons or entities involved, including NeuroSpine, from all liability from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by NeuroSpine. I understand that any employment offer is contingent upon successfully completing this process and passing required tests.

I authorize NeuroSpine to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by NeuroSpine in making hiring decisions.

If hired, I agree to confirm to all NeuroSpine policies, rules and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between NeuroSpine and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and NeuroSpine has the same right.

I understand I will need to complete a new application, if I am considered for a position more than 90 days following the date below.

Signature _____

Date _____