



APPLICATION FOR EMPLOYMENT

ORTHOSYNETICS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION <i>Please print. Add additional pages, if needed.</i>				APPLICATION DATE	
LAST NAME		FIRST		MIDDLE	
STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE	EMAIL ADDRESS			ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF "YES", MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU EVER APPLIED TO OR WORKED FOR OUR COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", WHEN?					

POSITION DESIRED		
POSITION APPLYING FOR	DATE AVAILABLE TO BEGIN	DESIRED SALARY

EDUCATION / TRAINING / SKILLS					
	NAME	LOCATION (City & State)	NUMBER OF YEARS	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER				YES <input type="checkbox"/> NO <input type="checkbox"/>	
SPECIAL/RELEVANT SKILLS, TRAINING, OR MEMBERSHIPS:					

MILITARY SERVICE			
BRANCH	FROM TO	RANK AT DISCHARGE	TYPE OF DISCHARGE

INTERNAL REFERENCES <i>Please list any relatives or friends that are currently employed by OrthoSynetics.</i>		
FULL NAME	TITLE	RELATIONSHIP
FULL NAME	TITLE	RELATIONSHIP
FULL NAME	TITLE	RELATIONSHIP

CRIMINAL HISTORY † <i>See note on page 2 before responding.</i>	
IN THE LAST 7 YEARS, HAVE YOU BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DESCRIBE IN FULL

EMPLOYMENT HISTORY

COMPANY	PHONE	START DATE	END DATE	PAY *see note, below
ADDRESS (City & State)	SUPERVISOR	MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
JOB TITLE	RESPONSIBILITIES			
REASON FOR LEAVING				

COMPANY	PHONE	START DATE	END DATE	PAY *see note, below
ADDRESS (City & State)	SUPERVISOR	MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
JOB TITLE	RESPONSIBILITIES			
REASON FOR LEAVING				

COMPANY	PHONE	START DATE	END DATE	PAY *see note, below
ADDRESS (City & State)	SUPERVISOR	MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
JOB TITLE	RESPONSIBILITIES			
REASON FOR LEAVING				

PROFESSIONAL REFERENCES Please list three professional references not related to you.

FULL NAME	TITLE	PHONE	RELATIONSHIP
COMPANY	ADDRESS (City & State)		YEARS ACQUAINTED

FULL NAME	TITLE	PHONE	RELATIONSHIP
COMPANY	ADDRESS (City & State)		YEARS ACQUAINTED

FULL NAME	TITLE	PHONE	RELATIONSHIP
COMPANY	ADDRESS (City & State)		YEARS ACQUAINTED

‡ Some cities and states prohibit prospective employers from asking whether an applicant has been convicted of a crime at the beginning of the application process. Do not provide conviction information if located in California, Connecticut, District of Columbia, Hawaii, Illinois, Baltimore MD, Montgomery County MD, Prince George's County MD, Massachusetts, Minnesota, New Jersey, Buffalo NY, New York City NY, Oregon, Philadelphia PA, Austin TX, Vermont, Seattle WA, Spokane WA, or other jurisdictions where prohibited.

*Some cities and states prohibit prospective employers from asking for applicants' salary histories. Do not provide pay information if located in California, Delaware, Massachusetts (eff. 7/1/18), New York City NY, Oregon (eff. 1/1/2019), Philadelphia PA, Puerto Rico, or other jurisdictions where prohibited.

I understand that completion of this Application does not constitute an offer of employment. I certify that all information provided herein is true, correct, and complete. I understand that, if employed, any false information, misstatements, omissions, or misrepresentations on this Application may result in my dismissal. I authorize the investigation of all statements contained herein and give the references and employers listed above permission to provide any and all pertinent information concerning my previous employment. If employed, I agree to follow OrthoSynetics, Inc.'s rules and regulations and I understand and agree that the terms of my employment may change, with or without notice, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future or for a specific length of time, and I agree that employment may be terminated, with or without cause, with or without notice, by either myself or OrthoSynetics, Inc. at any time.

DATE	SIGNATURE
------	-----------