

# INLAND ORTHOPAEDIC SURGERY AND SPORTS MEDICINE CLINIC

623 S. Main Street  
Moscow, Idaho 83843  
208-883-2828

SE 825 Bishop Blvd, Ste 120  
Pullman, Washington 99163  
509-332-2828

Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Smoke Free Environment

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

Telephone ( ) \_\_\_\_\_ Best Time to contact you \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

How long will you be residing in the Moscow/Pullman area? \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

and wage desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work early evenings? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When are available to start employment? \_\_\_\_\_

May we contact your present employer?     No     Yes

How did you did you hear about our opening? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

General office skills

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> No	Processing	<input type="checkbox"/> No
Personal	<input type="checkbox"/> Yes	PC	<input type="checkbox"/>	Other	_____	
Computer	<input type="checkbox"/> No	Mac	<input type="checkbox"/>	Skills	_____	

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A PREVIOUS POSITION?  No  Yes

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  No  Yes

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## If you provided us with your resume you do not need to complete this work experience information

**Work Experience**      Please list your work experience beginning with your most recent job held.  
 If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of recent employer  Address  City, State, Zip Code  Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of previous employer  Address  City, State, Zip Code  Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Inland Orthopaedic Surgery creates an actual or implied contract of employment. I understand that, if I accept employment with Inland Orthopaedic Surgery, it will be on an at-will basis. This means that either Inland Orthopaedic Surgery or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I understand that Inland Orthopaedic Surgery is a smoke free work environment. I agree to submit to drug and alcohol testing, if requested by Inland Orthopaedic Surgery. I release Inland Orthopaedic Surgery, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Inland Orthopaedic Surgery to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Inland Orthopaedic Surgery and its employees from all liability arising from such investigation.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Inland Orthopaedic Surgery is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Inland Orthopaedic Surgery depends solely on your qualifications.

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