

# INLAND ORTHOPAEDIC SURGERY AND SPORTS MEDICINE CLINIC

2500 West A Street, Suite 201  
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 do you plan on **remaining** in the Moscow/Pullman area? \_\_\_\_\_

Have you ever worked in a medical office setting before? ☐ Yes ☐ No

Position applied for: ☐ Full Time ☐ Part Time

Opening Location: ☐ Moscow ☐ Pullman

Wage desired: \$ / hour \_\_\_\_\_ (May not leave blank)

How many hours are you available to work weekly? \_\_\_\_\_ Can you work early evenings? ☐ Yes ☐ No

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

May we contact your present employer? ☐ No ☐ Yes

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

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

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HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A PREVIOUS POSITION?

If yes, please explain.

☐ No

☐ Yes

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

If yes, please explain.

☐ No

☐ Yes

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

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: \_\_\_\_\_

### **\*\*\* IMPORTANT\*\*\***

Please attach your cover letter, resume and 3 professional references to this application.

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.