

**Concord Orthopaedics, P.A.**  
**264 Pleasant Street**  
**Concord, NH 03301**

**Application for Employment**

Concord Orthopaedics, P.A. (COPA) is an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, citizenship, marital status, military status or sexual orientation.

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_  
(optional)
(optional)

Are you a U.S. citizen or legally authorized to work in this country? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Pay Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Have you ever applied to COPA before? \_\_\_\_\_ When \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Circle Last Year Completed	Subjects Studied and Degree(s) Received
High School	_____	1 2 3 4	_____
	_____		
College	_____	1 2 3 4	_____
	_____		
Other Education or Training	_____	1 2 3 4	_____
	_____		

List licenses or certificates you may hold \_\_\_\_\_

List any special skills or job-related qualifications you may have \_\_\_\_\_

Have you ever been arrested, convicted of or pleaded no contest to a crime which was not annulled by a court? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when and explain the circumstances (this does not automatically exclude you from consideration for employment):

(Continued on Other Side)

**EMPLOYMENT HISTORY** Start with most recent - attached additional pages, if necessary

Date Month and Year	Name and Address of Employer	Pay	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

**REFERENCES** Give below the names of three persons not related to you whom you have known at least one year

Name	Address	Business	Years Acquainted

I agree that all the statements on this application are accurate and understand that any false information, omissions or misrepresentations may result in the rejection of this application or my discharge. I authorize investigation of all statements contained in this application and authorize any person or organization to provide such information. In connection with that I agree to complete any required authorization forms. Further, I understand and agree that, if hired, my employment is at will, meaning that it is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without any previous notice and for any reason. I understand that if I am hired I will be required to provide COPA with proof of identity and authorization to work on the U.S.A.

This application will only be valid for 30 days; thereafter, I understand I will have to complete a new one.

Date \_\_\_\_\_ Signature \_\_\_\_\_