

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) (required)

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
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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)

Has anyone from Concord Orthopaedics referred you for a position with COPA? YES _____ NO _____

If YES, name of the employee that referred you: _____

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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	Business	Phone/Email	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 _____