



12909 Panama City Beach Pwy.
Panama City Beach, FL 32407
 850-784-7724 - Fx: 850-784-4711

710 Hospital Drive
Crestview, FL 32539
 850-398-8480 - Fx: 850-398-8482

4624 N. Davis Highway
Pensacola, FL 32503
 850-398-8480 - Fx: 850-398-8482

Name in Full: _____ Date: _____

Present Address: _____

How Long at Current Residence: _____ Phone Number: _____

Position Desired: _____ Salary Requirements: _____

Date Available for Work: _____ Can You Work Overtime? Yes No

Applying for: Full Time Part-Time (Days & Hours): _____

Desired Location(s): Crestview Panama City Pensacola

Have You Previously Worked For Our Company?

No Yes (Specify Dates, Positions, Locations): _____

How did you learn about this company & position? _____

Current Professional License (If Applicable): _____ Issuing State: _____

EDUCATION

Institution	Name	Location	Major	Graduate
High School:	_____	_____	_____	_____
College/Univ:	_____	_____	_____	_____
College/Univ:	_____	_____	_____	_____
Trade School:	_____	_____	_____	_____

Special Skills (Typing WPM, Computer Experience, Etc.):

*Applications must be completed in full to be considered. Attaching a resume is not sufficient.

PANHANDLE ORTHOPAEDICS - EMPLOYMENT APPLICATION

WORK HISTORY - *Include Month & Year on Dates Employed*

Current/Most Recent Employer: _____

Dates Employed: _____ May we contact employer? Yes No

Address: _____ Starting Salary: _____

City, State, Zip: _____ Ending Salary: _____

Position: _____ Supervisor: _____

Phone Number: _____

Reason for Leaving: _____

Duties:

Previous Employer: _____

Dates Employed: _____ May we contact employer? Yes No

Address: _____ Starting Salary: _____

City, State, Zip: _____ Ending Salary: _____

Position: _____ Supervisor: _____

Phone Number: _____

Reason for Leaving: _____

Duties:

Previous Employer: _____

Dates Employed: _____ May we contact employer? Yes No

Address: _____ Starting Salary: _____

City, State, Zip: _____ Ending Salary: _____

Position: _____ Supervisor: _____

Phone Number: _____

Reason for Leaving: _____

Duties:

PANHANDLE ORTHOPAEDICS - EMPLOYMENT APPLICATION

PROFESSIONAL REFERENCES & BACKGROUND

Reference 1

Name: _____ Job Title: _____

Company: _____ Work Relationship: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Reference 2

Name: _____ Job Title: _____

Company: _____ Work Relationship: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Reference 3

Name: _____ Job Title: _____

Company: _____ Work Relationship: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

BACKGROUND

Have you ever pled guilty to, or been convicted of, any crime other than a misdemeanor or summary offense? No Yes *If yes, explain below***

**Applicants will not be automatically disqualified from consideration based on a criminal history.

Please omit convictions for which the record has been sealed or expunged by court order.

PANHANDLE ORTHOPAEDICS - EMPLOYMENT APPLICATION

APPLICANT CONSENT

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

____ Any claim or lawsuit against Panhandle Orthopaedics, LLC, referred to as the Practice; and/or its managers', officers', and/or partners' must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. By signing this application you are voluntarily waiving any statute of limitations to the contrary.

____ I consent to have the Practice contact the people listed on this application for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual, and given without malice.

____ I request and authorize my current/previous employers to release information from my records in response to any requests for the same from the Practice or their representative. I understand that the information I am authorizing you to release includes factual employment information and also can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues. In exchange for timely cooperation with this request, I hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against my current/previous employers or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with this disclosure of information.

____ The Practice maintains a drug free workplace. All applicants for this position must undergo a pre-employment drug screening at the Practice expense. Applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, employees will be expected to abide by the company's drug testing policy.

____ The Practice is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, national origin, citizenship, disability, or age. Individuals with disabilities who need assistance completing this application can contact the HR department to arrange suitable accommodations.

____ I certify that the answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "At-Will" nature, which means that the employer may discharge the employee at any time with or without cause. It is further understood that this "At-Will" employment relationship cannot be changed in written document, verbal implied or expressed contract, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interviews(s) may be grounds for immediate discharge.

Signature: _____

Printed Name: _____ Date: _____