

Date: _____

XCELL ORTHOPAEDICS

Employment Application

Xcell is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name	Middle	Last
Street Address	City	State Zip Code
Home Telephone Number	Social Security Number	Date of Birth

Daytime Telephone Number at which we may contact you

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain:

How were you referred to **Xcell**? Please circle the number of the most appropriate response.

1	2	3	4	5	6
College	Recruiter	Employee	Adver-	No	Other:
or	or		tisement	Referral;	
University	Union			Walk-In	

Position Preferences

For what position are you applying?

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time Part Time # of Hours Per Week

Could you work overtime? Yes No What date could you start work?

Education

High School

School Name:

City and State:

Degree or # of Years Completed:

Major or Subject:

Grade Point Average:

College

School Name:

City and State:

Degree or # of Years Completed:

Major or Subject:

Grade Point Average:

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Title:

Reason for Leaving:

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes No

Previous Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Title:

Reason for Leaving:

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Previous Employer: _____ Yes _____ No

Professional / Personal References

Name	Title	Company	Phone	Relationship
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Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the **Xcell** may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from **Xcell** and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at Xcell is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by **Xcell** has no specific term and may be terminated by the employee or **Xcell** with or without notice. I acknowledge that **Xcell** has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with **Xcell**, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, **Xcell**, business institution or government agency from all liability with regard to furnishing information to **Xcell**. I agree to release and hold harmless **Xcell** from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with **Xcell** may be terminated.

Applicant's Signature

Date

Applicant Release

Please submit a resume with this Employment Application.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the **Xcell** will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from **Xcell** and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name:

Sex: Male

Female

Print other names you have used:

Dates used:

Date of Birth (mm/dd/yy):

Social Security #:

Current Drivers License #:

Issuing State:

Other Drivers License #s:
(list last 7 years only)

Issuing State: