

## Xcell Orthopaedics Employment Application

**Xcell Orthopaedics** 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 employment authorization and identity within three (3) days of being hired. Failure to submit such proof of employment termination.

### Personal Data

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

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

\_\_\_\_\_  
 Telephone Number              Social Security Number              DOB: \_\_\_\_\_

Daytime Telephone Number where we can reach you: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ Email: \_\_\_\_\_

If "yes", please explain:

\_\_\_\_\_

How were you referred to **Xcell Orthopaedics**? Please check each box that applies:

1                      2                      3                      4                      5                      6  
 College              Recruiter              Employee              Advertisement      No Referral      Other: \_\_\_\_\_

### Position Preferences:

For what position are you applying? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week, year)

Schedule Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of hours per week: \_\_\_\_\_

Could you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ Date you can start: \_\_\_\_\_

Shift Preferences:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Employment Status Desired:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Per Diem: \_\_\_\_\_

**Education**

**High School**

School Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**College**

School Name: \_\_\_\_\_

City & 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.

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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):

**VACCINATION STATUS:**

Due to the current CMS mandate, all clinical staff would need to show proof of vaccination status or turn in an exemption form.

Are you vaccinated?      YES \_\_\_\_\_ NO \_\_\_\_\_

If not, can you submit an exemption form?      YES \_\_\_\_\_ NO \_\_\_\_\_

If you are, can you submit proof of vaccination status?      YES \_\_\_\_\_ NO \_\_\_\_\_

**Previous Employment**

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

Current Employer: \_\_\_\_\_

City & 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: \_\_\_\_\_

Prevoious Employer: \_\_\_\_\_

City & 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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 my character, work habits, performance, education, compensation, and experience along with reasons or termination of employment from previous employers. Furthermore, I understand that the **Xcell Orthopaedics** 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 Orthopaedics** 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 Orthopaedics is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by **Xcell Orthopaedics** has no specific term and may be terminated by the employee or **Xcell Orthopaedics** with or without notice. I acknowledge that **Xcell Orthopaedics** has not made any promises or representation 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 Orthopaedics**, 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 Orthopaedics**, business institution or government agency from all liability with regard to furnishing information to **Xcell Orthopaedics** 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 Orthopaedics** 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 including information as to my character, work habits performance, education, compensation, and experience along with reasons or termination of employment from previous employers. Further, I understand that the **Xcell Orthopaedics** 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 Orthopaedics** 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 Number: \_\_\_\_\_

Current Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Driver's License #s: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Email Address: \_\_\_\_\_