



# ankle&foot

CENTERS OF GEORGIA

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Maiden

Have you worked or attended school under any other names? ☐ Yes \_\_\_\_\_ ☐ No

Current Address \_\_\_\_\_  
Number Street City St Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ \*If you are hired, you may be required to submit proof of age.

If hired, can you furnish proof you are eligible to work in the U.S.? ☐ Yes ☐ No

Position applied for \_\_\_\_\_ Days/hours available to work  
Salary desired \_\_\_\_\_ No Pref. \_\_\_\_\_ Wed \_\_\_\_\_  
Mon \_\_\_\_\_ Thur \_\_\_\_\_  
Tues \_\_\_\_\_ Fri \_\_\_\_\_

Employment desired ☐ Full Time Only ☐ Part Time Only ☐ Full or Part Time

How many hours can you work weekly? \_\_\_\_\_ When are you available to begin working? \_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No

If hired, do you expect to be engaged in any other business, employment or education?  
☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

Have you ever applied here before? ☐ Yes When? \_\_\_\_\_ ☐ No

Type of School	Name of School	Date Graduated	Course of Study	Degree Earned
High School				
College				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying are also considered.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's License

Number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial ☐ Chauffeur  
Expiration \_\_\_\_\_

Have you had any accidents during the past three years? ☐ No ☐ Yes How many? \_\_\_\_\_

Have you had any moving violations during the past three years? ☐ No ☐ Yes How many? \_\_\_\_\_

Have you had your driver's license suspended or revoked in the past three years? ☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

#### DIRECT CARE APPLICANTS ONLY

Current Clinical Licensure

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Date of Renewal: \_\_\_\_\_

CPR Certified: ☐ Yes Expiration: \_\_\_\_\_  
☐ No

Dept. of Human Resources Radiology Safety Certified? ☐ Yes Date: \_\_\_\_\_  
☐ No

Memberships/Associations/Affiliations: \_\_\_\_\_  
\_\_\_\_\_

What machines/equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

Other Skills: \_\_\_\_\_  
\_\_\_\_\_

#### Scheduled Time Off

Do you have any pre-determined vacation days scheduled or any days that will conflict with regular working hours? If so, what days are in conflict? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two references **other than relatives**. Provide complete name, address and telephone information.

Name \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

In what capacity does this reference know you (classroom instructor, advisor, externship supervisor, university or community organization, other)? List all that apply and include relevant dates.

\*\*\*\*\*

Name \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

In what capacity does this reference know you (classroom instructor, advisor, externship supervisor, university or community organization, other)? List all that apply and include relevant dates.

**An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please provide us insight to you by answering the following questions:**

What are the key skills, knowledge/training, experience, work style or character traits you have that we as an employer may be seeking?

Please list externships, volunteer work, related projects, extracurricular, leadership or group activities, or other experiences that may be used as evidence to support your capabilities. Please include relevant dates.

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**MILITARY**

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most *recent* job held including full address and phone details. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Note: A job offer may be contingent upon acceptable references from current and former employers.

<b>Name of Employer</b> Address City, ST Zip Phone Number	Name of last Supervisor	Dates	Pay / Salary
		From	Start
		To	Final
Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

  

<b>Name of Employer</b> Address City, ST Zip Phone Number	Name of last Supervisor	Dates	Pay / Salary
		From	Start
		To	Final
Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

  

<b>Name of Employer</b> Address City, ST Zip Phone Number	Name of last Supervisor	Dates	Pay / Salary
		From	Start
		To	Final
Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

---

**PLEASE READ CAREFULLY**

---

**APPLICATION FORM WAIVER** In exchange for the consideration of my job application by Ankle and Foot Centers of Georgia, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ankle and Foot Centers of Georgia, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Administrator of the Company. Both the undersigned and Ankle and Foot Centers of Georgia, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I further understand that employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**APPLICANT INFORMATION RELEASE** I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Ankle and Foot Centers of Georgia, LLC, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

*Thank you for completing this application form and for your interest in joining our Team.*

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
CONSUMER REPORT**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Applicant's Signature

**BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM**

**\*\*THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE!!\*\***

I, \_\_\_\_\_, having applied for employment do hereby

PLEASE PRINT FULL LEGAL NAME

authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to **ANKLE & FOOT CENTERS OF GEORGIA**. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Drivers License # or ID # \_\_\_\_\_ State \_\_\_\_\_

Name as it appears on Driver's License \_\_\_\_\_

SSN \_\_\_\_\_ City, State of Birth \_\_\_\_\_

Other Names used since 1995: 1) \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
(Maiden Name/Aliases) Mo/Yr Mo/Yr

2) \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

How many consecutive years have you lived in Georgia? \_\_\_\_\_

Please print addresses (including City/State/Zip Code/Dates) for **PAST 7 YEARS**

1. \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

2. \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

3. \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

4. \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Date of active military service (if applicable or write N/A): From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

\* Required for criminal record identification purposes only

**CONSENT FORM**

I hereby authorize ALL FACTS, INC. / **ANKLE & FOOT CENTERS OF GEORGIA** to receive any criminal history record information pertaining to me which may be in the files of any State and/or local criminal justice agency in Georgia or any other State.

\* Date of Birth \_\_\_\_\_

\* Sex \_\_\_\_\_

\* Race \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Degree/Diploma/Certificate Earned: \_\_\_\_\_

Last name when earned: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School: \_\_\_\_\_ City, State: \_\_\_\_\_

Office use only: Ref: \_\_\_\_\_ # of pages to follow: \_\_\_\_\_ Level: \_\_\_\_\_