

## APPLICATION FOR EMPLOYMENT

Frederick Foot & Ankle, aka "FFA", receives applications and employs persons without regard to race, color, sex, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status, or any other category protected by local, state, or federal law. In addition, FFA makes reasonable accommodations to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the office or threaten the health or safety of others at work. The receipt of this application does not mean that job openings exist at our office and does not obligate FF&A in any way. We appreciate your interest in our facility.

[EMAIL COMPLETED APPLICATIONS TO CAREERS@MYNEWFEET.COM WITH YOUR CURRENT RESUME](mailto:CAREERS@MYNEWFEET.COM)

### PERSONAL DATA

Name:

Last

First

Middle

Today's Date

Present Address:

Number

Street

City/State/Zip

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Are you legally authorized to work in the United States on a permanent basis? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Desired: \_\_\_\_\_ Referred By: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Do you have any prior commitments that would prevent you from working an agreed upon schedule? \_\_\_\_\_

Do you have any scheduling conflicts, i.e.: unable to work evenings or weekends? \_\_\_\_\_

Available to work marketing events, which are held on weeknights, Saturday and Sundays; two to eight hours an event? \_\_\_\_\_

### EDUCATION

	Name & Location Of School	Major Course	Graduated Degree	Still Attending
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE/BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

### DO NOT WRITE BELOW / FOR PERSONNEL USE ONLY

Interviewed By: \_\_\_\_\_ Referred To: \_\_\_\_\_

Employed By: \_\_\_\_\_ Position: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

**BELOW LIST YOUR FORMER EMPLOYERS BEGINNING WITH YOUR PRESENT EMPLOYER. NOTE ANY PERIODS OF UNEMPLOYMENT.**

Employer	EMPLOYED	JOB DESCRIPTION
Type of Business	From:	
Address	To:	
Phone		
Position		
Name and Title of Supervisor		
Reason for Leaving		
Employer	EMPLOYED	JOB DESCRIPTION
Type of Business	From:	
Address	To:	
Phone		
Position		
Name and Title of Supervisor		
Reason for Leaving		
Employer	EMPLOYED	JOB DESCRIPTION
Type of Business	From:	
Address	To:	
Phone		
Position		
Name and Title of Supervisor		
Reason for Leaving		

<b>REFERRALS</b>	
Name:	Phone Number:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Do you have a preferred day of the week or time for an interview? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills (typing, computer knowledge, etc.) activities, accomplishments, etc. (Exclude all information indicative of race, color, age, religion, sex, marital status, genetic status, disability, national origin, sexual orientation, family responsibilities):

---



---



---

## Employment Policies

It is the policy of FFA to provide a workplace that is free from illegal drugs and alcohol. Given the easy access to controlled substances in the health care setting and the potential risks to patients and others if health care employees are attempting to perform their duties while using or having used drugs or alcohol, FFA has adopted the following policy regarding drugs and alcohol:

The sale, manufacture, distribution, purchase, use, possession, reporting to work, or working while impaired by intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana, or other non-prescribed controlled substances is prohibited while on the property or during working hours.

The distribution, sale, purchase, use or possession of equipment, products, and materials which are intended for use, or designed for use with non-prescribed controlled substances also is prohibited while on the property or during working hours.

Reporting to or being at work with a measurable quantity of prescribed narcotics in the blood or urine or use of prescribed narcotics is also prohibited where in the opinion of FFA such use prevents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, other persons, or property.

All applicants for employment will be required to submit to a drug/alcohol test at pre-employment or whenever, in the opinion of management, this is necessary. If such testing indicates the presence of a measurable quantity of drugs/alcohol in the body, the candidate will be disqualified from further hiring consideration. Likewise, refusal to take the drug/alcohol test will also disqualify the candidate from further hiring consideration.

### ***Applicant's Statement***

FF&A has adopted a Drug and Alcohol Policy applicable to all its applicants and employees. A copy of this policy will be provided to you upon request or employment.

I certify that I have read and understand FFA's Drug and Alcohol Policy and I further agree and consent to taking any blood, "breathalyzer", or urinalysis tests requested by FFA as part of a pre-employment physical or otherwise and authorize release of any test results to FFA. If hired by FFA, I hereby give my consent to any drug or alcohol testing as may be required by FFA and authorize release of any such test results to FFA.

---

Date

---

Applicant's Signature

I hereby state that the information given by me in this application is true in all respects. I understand that any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of employment, or if employed, cause me to be subject to dismissal without notice at any time.

I hereby authorize FFA to check with all persons, educational institutions, employers, and other organizations including, but not limited to, those named herein (and on my accompanying resume, if any) regarding any information provided herein, and hereby consent to their providing job related information about me.

I understand that employment at FFA is on an at-will basis and that employment is not offered, contracted, or guaranteed for any specific period of time. I understand that employment may be terminated by either party at any time, with or without cause, and with or without notice.

I agree to search of my person or of any locker or properties assigned to me, and hereby waive all claims for damages on account of such examination.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with FFA.

Management reserves the right to establish working hours and work schedules, and employees are expected to comply.

It is my understanding that FFA may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews.

I authorize such investigation and the giving and receiving of any information requested by FFA and I release from liability any person giving or receiving such information.

I understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that FFA can change wages, benefits, and conditions at any time.

A basic part of medical ethics is that all information concerning patients (their conditions, treatment, and financial information), their doctors, and your fellow employees, as well as personal information concerning bonuses and/or pay raises remain strictly confidential, and any violation of confidentiality could result in discharge.

I have read, understand, and agree to the above.

---

Date

---

Applicant's Signature