

**NOBBE ORTHOPEDICS, INC.
APPLICATION FOR EMPLOYMENT**

Nobbe Orthopedics, Inc. is an equal opportunity employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, creed, color, age, national origin, sex, marital or veteran status, sexual orientation, physical or mental disability, or any other legally protected status.

INSTRUCTIONS:

Completion of this form is part of the application process for all jobs. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important to answer all questions on the application form fully and accurately.

(PLEASE PRINT)

Date of Application: _____ Full-time Part-time Temporary

Referral Source: Advertisement Friend Relative Employment Agency
 Walk-in Other: _____

Name: _____ Soc. Sec. No. ____/____/____
Last First MI

Address: _____ Tel. No. (____)_____
Number Street City State Zip Code

Have you ever applied for employment with us?

Yes No If yes, Month & Year: _____ Position(s): _____
_____/_____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

POSITION INFORMATION

Position(s) applied for: _____/_____

Date available to begin employment: _____ Are you available to work weekends? Yes No

What hours and days are you available for work? _____

Are you attending school at this time? Yes No If yes, what area of study? _____

Describe any training or special experiences related to this organization (include volunteer work). Please include office and computer skills:

REFERENCES:

Give the name, address, and telephone number of three professional references, other than supervisors:

Name	Professional Relationship	Work Telephone No.	Home Telephone No.
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The following is very important. Please read carefully before signing this application.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for cancellation of this application or, if I am employed, subsequently dismissed.

Nobbe Orthopedics, Inc. is authorized to make any reasonable investigation of my personal or employment history, and I authorize any former employer, person, firm, corporation, credit agency or government agency to give Nobbe Orthopedics, Inc. any relevant information they may have regarding me.

I will not hold Nobbe Orthopedics, Inc. or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omissions of facts on this application. I understand that if I am employed by Nobbe Orthopedics, Inc., additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.

I understand that if I am employed by Nobbe Orthopedics, Inc., my employment is at will, that I or the organization may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that the at-will nature of my employment relationship with Nobbe Orthopedics, Inc. may not be altered by oral representations, but may only be altered by a written contract executed by the President.

If I am employed by Nobbe Orthopedics, Inc., I will comply with the Employee Policy and Procedure Handbook.

I hereby acknowledge that I have read and understand the above and agree to each and all of these statements.

Signature

Print Name

Date

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