



## Employment Application

We appreciate your interest in UB|MD Orthopaedics & Sports Medicine

We are an equal opportunity employer with a policy of non-discrimination on the basis of legally protected characteristics

Applicants who require reasonable accommodations during the application process may contact Human Resources at [hr@ubortho.com](mailto:hr@ubortho.com) or (716) 906-5905

*Please print all answers in blue or black ink*

Date of Application	Position Applying For
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### PERSONAL

Name (First, Middle, Last)		
Is additional information relative to a change of name, use of an assumed name, or nickname necessary to allow a check of your work records? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please explain		
Address (Number, Street)	City, State, Zip Code	
Home Phone	Cell Phone	Email Address
Date you are available for work	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you previously employed by UB MD OSM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state dates of employment and position(s) held		
List any friends or relatives working for UB MD OSM		
Name	Relationship	
Name	Relationship	
Name	Relationship	

### EDUCATION

Level	Name of School, City, State	Number of years attended	Did you graduate?	Major
GED/High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL LICENSES OR CERTIFICATIONS**

Certification/License Number	Expiration Date (if applicable)

**COMPLETE THIS SECTION IF YOU ARE SEEKING A CLERICAL POSITION**

Are you familiar with

Microsoft Word    Yes    No      Microsoft Excel    Yes    No      Microsoft Outlook    Yes    No

Medent EMR       Yes    No      Other EMR's       Yes    No      if Yes, please specify \_\_\_\_\_

**ALL APPLICANTS**

Have you ever been terminated or asked to resign from any employer?       Yes    No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all of your employers for the past ten years. Begin with your current or most recent employer. Attach additional paper if necessary.

Employer	Date From	To
Address	City, State, Zip Code	
Position Held	Starting Salary	Final Salary
Duties		
Supervisor's Name and Title	Telephone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Date From	To
Address	City, State, Zip Code	
Position Held	Starting Salary	Final Salary
Duties		
Supervisor's Name and Title	Telephone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY (continued)**

Employer		Date From	To
Address		City, State, Zip Code	
Position Held	Starting Salary	Final Salary	
Duties			
Supervisor's Name and Title		Telephone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL REFERENCES**

Name	Relationship	E-Mail Address	Telephone
Name	Relationship	E-Mail Address	Telephone
Name	Relationship	E-Mail Address	Telephone

**ALL APPLICANTS MUST READ AND SIGN BELOW**

Applicants to UB|MD Orthopaedics & Sports Medicine (UBOSM) are selected on the basis of their experience and qualifications. We do not discriminate on the basis of race, religion, color, ancestry, national origin, gender, sexual orientation, age, disability, veteran status, arrest/conviction record, domestic violence victim status, or other legally protected characteristics. Applicants selected for positions within UB|MD Orthopaedics & Sports Medicine must meet the requirements of the position, which may include successful completion of pre-employment screening, interview(s), and a confidential background check.

Due to the high volume of applications that we receive, applicants will be contacted only if selected for an interview.

**CERTIFICATION AND AUTHORIZATION**

Please read and sign beneath the following statement:

I, the undersigned, certify that I have read, personally completed, and understand all pages of this employment application and that the information I have provided is true, accurate, and complete. There are no material omissions or misrepresentations on this application, and I understand that my application may be rejected, and/or my employment may be terminated, if a material omission, untruth, or misrepresentation is discovered. I understand that once submitted this application becomes the property of UB|MD Orthopaedics & Sports Medicine and will not be returned to me.

UB|MD Orthopaedics & Sports Medicine or its agents may use or disclose the information on this application to select candidates for positions, conduct background investigations, and/or to check references. I understand that providing this information is voluntary, but if an individual does not provide this information, he or she may not be considered as a candidate for employment.

By signing this application, I authorize UB|MD Orthopaedics & Sports Medicine, and their agents to conduct a background investigation, a check of my prior employment record, and other references, including an electronic inquiry related to my background, including review of all social networking sites, and to make adverse decisions as a result of such inquiries.

Any information obtained as a result of a background investigation or reference will be treated confidentially and become the property of UB|MD Orthopaedics & Sports Medicine.

I understand that any material omission or untruth shall be sufficient cause for refusal to hire or for dismissal.

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

\_\_\_\_\_  
Date of Application