

# Foot & Ankle Centers

## Employment Application

e-mail: [jobs@cffas.com](mailto:jobs@cffas.com)

Fax: 630-553-9306

### Applicant Information

Full Name: \_\_\_\_\_ **Last** **First** **M.I.** **Date:** \_\_\_\_\_

Address: \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Apartment/Unit #** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States? **YES**  **NO**  If no, are you authorized to work in the U.S.? **YES**  **NO**

Have you ever worked for this company? **YES**  **NO**  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? **YES**  **NO**  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? **YES**  **NO**  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? **YES**  **NO**  Degree: \_\_\_\_\_

### References

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Employment History

**Current/**  
Most recent  
Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current employer?

YES

NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

### APPLICATION FORM WAIVER

**For consideration of my job application by Centers for Foot & Ankle Surgery, Ltd./DBA FOOT & ANKLE CENTERS/MEDFOOT SPA/REVITALIZE PHYSICAL THERAPY.**

**Please initial each paragraph to confirm you have read and understand its content. Thank you.**

**Initials** \_\_\_\_\_ 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 Centers for Foot & Ankle Surgery, Ltd. 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 President /General Manager of Centers for Foot & Ankle Surgery, Ltd. Both the undersigned and Centers for Foot & Ankle Surgery, Ltd., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Centers for Foot & Ankle Surgery, Ltd. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

**I release the listed references and all previous and present employers to provide any and all applicable information they may have related to my potential employment with the Practice. I hereby release these references and former employers from all liability for any employment related information they may provide to the representative of (Centers for Foot and Ankle Surgery, Ltd).**

**Initials** \_\_\_\_\_ I understand that (1) we have a drug and alcohol policy that may result in pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Applicants Name: (PLEASE PRINT):\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Centers for Foot & Ankle Surgery, Ltd. DBA Foot & Ankle Centers/MedFoot Spa/Revitalize Physical Therapy 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, disability, military service, or other status protected by law. We assure you that your opportunity for employment with Centers for Foot & Ankle Surgery, Ltd. DBA Foot & Ankle Centers/MedFoot Spa/ Revitalize Physical Therapy depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. List other skills, knowledge, areas of expertise that would assist in the current position you are applying for:

**Please provide the following information as reference:**

**Date Available:** \_\_\_\_\_ **Full time / Part-time:** \_\_\_\_\_ **Desired Pay:** \$\_\_\_\_\_

**Office use only:**

1<sup>st</sup> \_\_\_\_\_ @ \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ @ \_\_\_\_\_

Clinical score %: \_\_\_\_\_

Clerical Score %: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_\_

Ben: \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **EE#** \_\_\_\_\_

FT \_\_\_\_\_ PT \_\_\_\_\_ PRN \_\_\_\_\_