



Peninsula Orthopaedic Associates P.A. Employment Application

Our Practice is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

(Please complete all sections. Incomplete applications may not be considered.)

Personal Information

Full Name: _____

Social Security Number (Last 4 digits): ____ _

Phone Number: (____) ____ - ____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Applied For

Position Title: _____

Date Available to Start: ____ / ____ / ____

Employment Type: ☐ Full-Time ☐ Part-Time ☐ PRN ☐ Temporary

Licensure / Certification (if applicable)

License/Certification	State	Number	Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

School Name	City/State	Degree	Dates Attended	Graduated?

Work Experience (Start with most recent)

Employer Name: _____

Position Held: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

Employer Name: _____

Position Held: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

Employer Name: _____

Position Held: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

(Add additional work history on back or attach resume)

References (Professional only, no relatives)

Name	Relationship	Company	Phone	Email
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Background Information

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Have you ever been excluded from participation in Medicare/Medicaid? ☐ Yes ☐ No

Applicant Statement

I certify that all information provided is true and complete to the best of my knowledge. I authorize investigation of all statements and release all persons from liability for furnishing such information.

Signature: _____

Date: ____ / ____ / ____

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