



Shelly D. Sedberry, MS, DPM, AACFAS
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Joplin, MO | Springfield, MO
www.shoalcreekfac.com

Employment Application

Please complete the entire application.

Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Phone: _____ Email: _____

Driver's License (State/Number): _____

Have you ever been convicted, pled guilty, no contest, or forfeited bond or bail for any crime other than a traffic violation? Yes No

If yes, give details: _____

Conviction of a crime is not an automatic bar to employment. Factors such as the nature and the gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Position

Job Position Applied For: _____

Full or Part Time? _____

Salary Desired: \$ _____ per _____

Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list it here: _____

Have you applied to our company previously? Yes No

If yes, when? _____

Are you at least 18 years old? Yes No

How will you get to work? _____

Are you willing to work any shift, including nights and weekends? Yes No

If no, please state any limitations: _____

If applicable, are you available to work overtime? Yes No



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If you are offered employment, when would you be available to begin work? _____

Are you able to submit proof that you are legally eligible for employment in the United States? Yes No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request? _____

Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Answering telephones	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
<input type="checkbox"/> Electronic Health Records	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
<input type="checkbox"/> Microsoft Office (Word, Excel, Outlook, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> Other: _____	_____	1 2 3 4 5
<input type="checkbox"/> Other: _____	_____	1 2 3 4 5
<input type="checkbox"/> Other: _____	_____	1 2 3 4 5
<input type="checkbox"/> Other: _____	_____	1 2 3 4 5

Do you speak, write, or understand any foreign languages? Yes No

If yes, list languages(s) and how fluent you consider yourself to be: _____

Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Address: _____

Supervisor Name: _____ Phone: _____

Job Duties: _____

Dates Employed: _____ Start/End Pay: _____

Reason for Leaving: _____



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Address: _____

Supervisor Name: _____ Phone: _____

Job Duties: _____

Dates Employed: _____ Start/End Pay: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

Supervisor Name: _____ Phone: _____

Job Duties: _____

Dates Employed: _____ Start/End Pay: _____

Reason for Leaving: _____

Education and Training

College/University Name and Address: _____

Did you receive a degree? Yes No If yes, degree(s) received: _____

High School/GED Name and Address: _____

Did you receive a degree? Yes No

Other Training (graduate, technical, vocational): _____

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors, Special Achievements: _____

Military Service: Yes No Branch: _____

Specialized Training: _____



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References

Provide three professional references who are not relatives or former employers.

Name: _____

Employer and Title: _____

Phone: _____ Relationship: _____

Name: _____

Employer and Title: _____

Phone: _____ Relationship: _____

Name: _____

Employer and Title: _____

Phone: _____ Relationship: _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: _____

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Shoal Creek Foot & Ankle Center to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Shoal Creek Foot & Ankle Center, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature: _____ Date: _____