



Shelly D. Sedberry, MS, DPM, AACFAS  
1801 West 32<sup>nd</sup> Street, Building C, Suite 102, Joplin, MO 64804  
Phone (417) 622-0648 | Fax (417) 622-0497  
4136 South McCann Court, Springfield, MO 65804  
Phone (417) 755-7612 | Fax (417) 755-7615  
[www.shoalcreekfac.com](http://www.shoalcreekfac.com)

## Employment Application

### Personal Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names Known By: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_ *Check preferred phone*

Email: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

### Position Information

Job Title: \_\_\_\_\_ How did you hear about this job? \_\_\_\_\_

Availability to start: \_\_\_\_\_ Salary range expected: \_\_\_\_\_

Desired Employment:  Days  Evenings  Nights  Weekends  Full-time  Part-time

### Education

**High School:** \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree awarded: \_\_\_\_\_

**Vocational/Technical:** \_\_\_\_\_ City State: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree awarded: \_\_\_\_\_

**College/University (Undergraduate):** \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree awarded: \_\_\_\_\_

**College/University (Graduate):** \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree awarded: \_\_\_\_\_

Additional skills, CE coursework, and training: \_\_\_\_\_

Awards, honors, special achievements: \_\_\_\_\_

Licenses, certifications, registrations: \_\_\_\_\_



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## Employment/Military History

List previous employment starting with your most recent employer. Include military experience or training. Please indicate if you were employed under a different name.

Have you been terminated, suspended, or asked to resign from any position?  Yes  No

Have you served in the U.S. Military?  Yes  No If yes, reserves/branch: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

May we contact?  Yes  No **Supervisor's Name/Title:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Salary/hourly rate:** \_\_\_\_\_  Full-time  Part-time  PRN

**Job duties and responsibilities:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

May we contact?  Yes  No **Supervisor's Name/Title:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Salary/hourly rate:** \_\_\_\_\_  Full-time  Part-time  PRN

**Job duties and responsibilities:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

May we contact?  Yes  No **Supervisor's Name/Title:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Salary/hourly rate:** \_\_\_\_\_  Full-time  Part-time  PRN

**Job duties and responsibilities:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_



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## Compliance

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

Do you now, or will you in the future, require immigration sponsorship for work authorization?  Yes  No

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this state or any other state in the U.S.?  Yes  No

Have you ever been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare-related law or regulation?  Yes  No If yes, please explain: \_\_\_\_\_

Are you currently excluded from participating in any Federal and/or State Healthcare Program?  Yes  No

## References

*Provide three professional references (excluding relatives).*

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

Job Title and Employer Name: \_\_\_\_\_

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

Job Title and Employer Name: \_\_\_\_\_

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

Job Title and Employer Name: \_\_\_\_\_

## Applicant's Statement

I understand that Shoal Creek Foot & Ankle Center will conduct a pre-employment background check after receiving a conditional offer of employment. I further understand that a separate disclosure and consent form will be provided to me to authorize Shoal Creek Foot & Ankle Center or its agents to obtain a consumer report and/or investigative consumer report about my background, including but not limited to information as to my employment, education, consumer credit, driving record, social security number verification, criminal record/history and/or other public records. I authorize all persons to fully disclose information relevant to this investigation, as well as any reference checks performed as a part of the hiring process. I release from liability all persons, companies, and governmental or other agencies disclosing any such information.

I also understand that if Shoal Creek Foot & Ankle Center hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and the nature of such investigation is to determine my suitability for continued employment or determine whether I possess the minimum qualifications necessary for promotion or transfer to another position.

I understand that I may request a copy of the "Summary of Your Rights under the Fair Credit Reporting Act" prepared by the Federal Trade Commission, and may obtain from Shoal Creek Foot & Ankle Center, upon written



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request, the complete disclosure of the nature and scope of the investigation. I understand I am entitled, before any adverse action is taken based on information in a consumer report obtained by Shoal Creek Foot & Ankle Center, to receive a copy of that report and a description of my rights.

The Fair Credit Reporting Act gives you specific rights, which can be found on the FTC's website at [www.ftc.gov](http://www.ftc.gov).

For Licensed Applicants: I attest that my license is active, unrestricted, and not encumbered for any reason and is not currently under investigation by any licensing or certification body.

I understand that I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Shoal Creek Foot & Ankle Center. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment.

I acknowledge the ability to work in a constant state of alertness and a safe manner is an essential function of all safety-sensitive positions at Shoal Creek Foot & Ankle Center. I understand a safety-sensitive position is one in which job performance can affect the health and safety of the co-worker holding the position or the health and safety of others (e.g., clinic-based positions, healthcare providers, public safety officers, co-workers who operate Shoal Creek Foot & Ankle Center vehicles or machinery, etc.). I acknowledge that due to the safety-sensitive nature of the work in such positions, Shoal Creek Foot & Ankle Center prohibits the use of both legal and illegal drugs, alcohol, or over-the-counter and prescription medications that could cause impairment at work.

I understand that, if hired, my employment will be at will, which means employment is not for a stated period of time and may be terminated at any time, with or without cause, by myself or Shoal Creek Foot & Ankle Center.

By submitting this application for consideration, I certify that all the information on this application and any documents I provide are true and complete. I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during my employment, regardless of the amount of time that has passed.

**I agree with all terms indicated above. I hereby acknowledge that I have read and understand each of the above statements.**

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

*This practice does not discriminate against applicants based on race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Opportunity Employer.*