



Mendelson Kornblum Orthopedic & Spine Specialists
27472 Schoenherr Rd Suite #140
Warren, MI 48088
P 586.261.2098
F 586.439.6232
careers@mendelsonortho.com

Application for Employment

*Mendelson Kornblum Orthopedic & Spine Specialists is an Equal Opportunity Employer
and complies with all applicable Federal and State employment discrimination laws.*

PERSONAL INFORMATION

Name (First/Middle Initial/Last): _____

Social Security #: _____ Are you 18 years or older? Yes No

Street Address: _____

City/State/Zip: _____

Primary Phone: () - Secondary: () -

Email Address: _____

Emergency Contact Name: _____ Phone: () -

Do you smoke tobacco? Yes No

Are you a United States citizen? Yes No

If not, are you authorized to work in the US? Yes No

Are you now or have you ever been a member of a branch of the Armed Forces of the United States, a state militia, the National Guard, or the Reserves? Yes No

If yes, please describe type of discharge (if applicable):

Do you have a valid driver's license? Yes No

Please list any other languages that you can speak and/or write fluently:

Have you ever been convicted of a felony? Yes No

If you have been convicted of a felony, please describe when, where, and the nature of the offense:

Have you ever been denied a surety bond? Yes No

Does Mendelson Kornblum currently employ any of your relatives? Yes No

If yes, please provide name(s)/relationship:

Who suggested that you apply to Mendelson Kornblum?

EMPLOYMENT DESIRED

Position Applying For: _____

How did you learn about this position? _____

Date Available: _____ / _____ / _____ Salary Desired: _____

Please check all that apply: Day Shift Afternoons Part-Time Full-Time

Please check all that apply: Weekends Holidays Overtime

Are you currently employed? Yes No

Have you previously applied to Mendelson Kornblum? Yes No

If yes, when? _____

EDUCATION

School	Name of School	City/State	Dates Attended (From/To)	Graduate (Y/N)
High School				
Technical/Vocational				
College/University				
College/University				
College/University				

EMPLOYMENT HISTORY *(List most recent first)*

Employer		Employer's Phone #	
Dates Employed (From/To)		Final Salary (Hr/Wk/Yr)	
Address/City/St			
Brief description of duties:			
Reason for leaving:			

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Address/City/St			
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Dates Employed (From/To)		Final Salary (Hr/Wk/Yr)	
Address/City/St			
Brief description of duties:			
Reason for leaving:			

EMPLOYMENT HISTORY (Continued)

Employer		Employer's Phone #	
Dates Employed (From/To)		Final Salary (Hr/Wk/Yr)	
Address/City/St			
Brief description of duties:			
Reason for leaving:			

PROFESSIONAL REFERENCES

Reference Name (Do not include relatives)	Address/City/State	Phone #	Years Known

ACKNOWLEDGEMENT

I authorize investigation of all statements contained herein and the references listed above, including investigation of statements concerning my previous employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, false or misleading statements on this or any other company document shall result in immediate dismissal, regardless of the date the false or misleading statement is discovered.

I authorize Mendelson Kornblum to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Mendelson Kornblum will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

I understand and agree that, if hired, my employment would be at will (which means that it would not be for a definite time period, that I retain the right to terminate my employment at any time, with or without prior notice, with or without cause, and that Mendelson Kornblum retains the same right). I understand that no oral or written communication, other than a written communication signed by the President/CEO, may alter or modify this at will employment policy.

Signature _____

Date _____