



**Office of Human Resources - Employment**

3120 Princeton Pike  
 Lawrenceville, New Jersey 08648  
 Fax: (609) 896-1126

**Application for Staff Employment**

An Equal Opportunity Employer

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Are you at least 18 years of age?  yes  no If no, date of birth \_\_\_\_\_

E-mail Address \_\_\_\_\_ Are you a U.S. citizen or are you authorized to work in the U.S.?  yes  no

Have you ever applied to Mercer-Bucks Orthopaedics?  yes  no If yes, when? \_\_\_\_\_

Have you ever been employed by Mercer-Bucks Orthopaedics?  yes  no If yes, give dates, position, department:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION (supply names and addresses of schools attended)**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

	Dates attended	Did you graduate? (yes/no)	Degree or License Received	Major/Minor or Specialization
High School				
Group				
Post Graduate				
Trade, Business or Correspondence School				

Member of the following professional organizations \_\_\_\_\_

Licensures or Certifications \_\_\_\_\_

Skills or experiences which may assist you in performing the job(s) for which you are applying \_\_\_\_\_

Office skills (if appropriate): Typing (WPM) \_\_\_\_\_ Shorthand (WPM) \_\_\_\_\_ Data Entry (KSPH) \_\_\_\_\_  
 Dictaphone \_\_\_\_\_ Other: \_\_\_\_\_

Computer Experience (please specify types of machines and software): \_\_\_\_\_

Have you used another name while employed (Other than name used on the application)?  yes  no If yes, please indicate: \_\_\_\_\_

List all convictions for any offense other than minor traffic violations, and all pending criminal charges (No applicant will be denied a position because of a conviction for any offense, or because of a pending criminal charge, which is not substantially related to the circumstances of the job(s) sought).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

*If you are currently employed, may we contact your present employer?*  yes  no

List your present or most recent employer first; please include experience gained through volunteer work.

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

---



---



---

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

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

---



---



---

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

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

---



---



---

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

I certify that the facts in this application are true and complete to the best of my knowledge. I authorize Mercer-Bucks Orthopaedics to investigate the statements I have made herein and I release the Group and its representatives for their acts performed in connection with investigating my application and qualifications. I further authorize any party listed in this application to release any information they have about me to the Mercer-Bucks Orthopaedics, and I release them and their representatives from any and all liability for providing such information. I understand that if any of the information in this application is false or misleading, Mercer-Bucks Orthopaedics may deny my employment or terminate my employment, and I agree that the Group will not be liable if it does so. I understand that under federal law, employment must be terminated for failure to present documentation establishing my identity and eligibility for U.S. employment within the designated time limits following my acceptance of any offer of employment. I understand that if I am employed, I will be an employee-at-will, and my employment can be terminated at will by me or by the Group with or without cause. I agree that if I am employed, I will immediately notify the Medical Group if at any time (a) I am excluded, debarred or otherwise ineligible to participate in the Medicare, Medicaid or any other Federal health care program or in any Federal procurement or non-procurement programs; or (b) I am convicted of a criminal offense related to the provision of health care items or services, but have not yet been excluded, debarred or otherwise declared ineligible to participate in any such program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Office of Human Resources – Employment  
Application Addendum**

Date available for employment \_\_\_\_\_

Salary desired \_\_\_\_\_  full time  part time

How did you become aware of job openings at the Mercer-Bucks Orthopaedics (please check one)?

- newspaper or other periodical (which one?) \_\_\_\_\_
- Career Opportunities Bulletin
- Job Line
- MBO web site
- employee referral \_\_\_\_\_
- Job Fair (Please specify fair sponsor & date) \_\_\_\_\_
- other (please explain) \_\_\_\_\_

**I am applying for the following positions:**

<b>Position Title</b>	<b>Position #</b>	<b>Department</b>

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MERCER-BUCKS ORTHOPAEDICS VOLUNTARY SELF DISCLOSURE RECORD

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
(Please Print) (If Applicable)

Mercer-Bucks Orthopaedics is an equal opportunity employer committed to the policies and principles of affirmative action. To implement these policies and to respond to federal and state affirmative action reporting requirements, it is important that the following information be gathered from all current and prospective employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and will be used primarily for government reporting purposes.

**SEX/GENDER:** (Check one)  Female  Male

**RACIAL/ETHNIC HERITAGE:** (Check only one) If you do not provide the racial/ethnic heritage information, federal regulations stipulate that a visual survey or post-employment records may be used to acquire racial/ethnic heritage information necessary for the completion of the affirmative action records.

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino (please also indicate ethnicity)
  - Ethnicity White—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race
  - Ethnicity Other—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White

**VETERAN STATUS:** (Check all that apply)

- I am not a veteran of the U.S. Armed Forces.
- I am a 'Other Protected Veteran' means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I am a 'Vietnam Era Veteran' means a veteran who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- I am a 'Special Disabled Veteran' means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- I am a 'Newly Separated Veteran' means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am a veteran of the U.S. Armed forces, but do not fall in any of the above listed categories.

**DISABILITY:** (Check one)  No  Yes

Person With A Disability The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working [29 C.F.R.s1630.2(i)].

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the Office of Human Resources-Employment, 3120 Princeton Pike, Lawrenceville, NJ 08648**