pediatric clinic

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT IN YOUR OWN HANDWRITING)

Position(s) Applied For:	Date of Application:
How did you learn about us?	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s):	Social Security Number:		

If you are under 18 years of age, can you provide required proof of your eligibility? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ PRN

Have you been convicted or pleaded guilty to a felony offense within the last 7 years _____ Yes _____ No

If yes, please explain _____

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized Training, skills, and extracurricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign language you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

References:

No relatives please

Name	Address	Number
Name	Address	Number
Name	Address	Number

Employment Experience

Start with your present or last job. Include any volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Date Employed From To	Hourly Rate/Salary Starting Final
Address		
Telephone Number(s)	Job Title	Supervisor
Worked Performed		
Reason for Leaving		

2. Employer	Date Employed From To	Hourly Rate/Salary Starting Final
Address		
Telephone Number(s)	Job Title	Supervisor
Worked Performed		
Reason for Leaving		

3. Employer	Date Employed From To	Hourly Rate/Salary Starting Final
Address		
Telephone Number(s)	Job Title	Supervisor
Worked Performed		
Reason for Leaving		

Can you perform the functions of this job (essential or marginal), with or without reasonable accommodations? _____ Yes _____ No

If you answered No, please describe how you would perform these functions (essential or marginal).

_____

_____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby authorize Pediatric Clinic, P.A. to investigate my background, including but not limited to, verification of my criminal, previous employment, and educational history, as may be necessary for Pediatric Clinic, P.A. to reach an employment decision.

I understand that Pediatric Clinic, P.A. may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by the information services and outside entities of the practice's choice.

I also understand that I may withhold my permission and that in such case, no investigation will be done and my application for employment will not be processed further.

This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with The Pediatric Clinic, P.A. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Pediatric Clinic, P.A.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date

Authorization for Background Check

Last Name	First Name	Middle Name	
Address	**City**	**State**	**Zip Code**
Social Security Number	**Date of Birth:**		

Please read in its entirety and sign in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Pediatric Clinic 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 Pediatric Clinic will utilize an outside firm or firms to assist in checking such information. 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 case, no investigation will be done, and my application for employment will not be processed further.

_____ _____

Applicant Name Date

_____

Signature of Applicant