



**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 of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

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: Give name, address and telephone 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	Hourly Rate/Salary
Address	From	Starting
Telephone Number(s)	To	Final
Job Title		
Supervisor		
Worked Performed		
Reason for Leaving		
2. Employer	Date Employed	Hourly Rate/Salary
Address	From	Starting
Telephone Number(s)	To	Final
Job Title		
Supervisor		
Worked Performed		
Reason for Leaving		
3. Employer	Date Employed	Hourly Rate/Salary
Address	From	Starting
Telephone Number(s)	To	Final
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).

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# **Applicant's Statement**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

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Signature of Applicant

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Date