

# Partners in Pediatrics, LLC

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and provide equal, non-preferential employment opportunities to all applicants and employees without regard to race, color, religion, creed, sex, national origin, age, or disability to the full extent provided by law.

### PERSONAL INFORMATION (You may also attach a resume if available)

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Last First Middle

Street City State Zip

Mailing Address \_\_\_\_\_

Street City State Zip

Phone Number \_\_\_\_\_

Are you 18 years or older?  Yes  No

If offered employment, can you furnish proof of United States citizenship, or your legal right to work in the United States?  Yes  No

In Case of Emergency Notify \_\_\_\_\_

Name Address Phone No.

Please state name of any relatives or friends employed by this employer:

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you seeking work:  Full-time  Part-time

If hired, date you can start \_\_\_\_\_ Are you presently employed? \_\_\_\_\_

If so, may we contact your present employer? \_\_\_\_\_

Have you previously applied with this employer? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### EDUCATION

Name and Location of School	Last Year Completed	Did you graduate?	Subjects studied and degrees received
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High School \_\_\_\_\_

College/University \_\_\_\_\_

Trade/Graduate School \_\_\_\_\_

Subjects of special study or research work \_\_\_\_\_

### FORMER EMPLOYERS

List below the last four employers, beginning with most recent employer first.

Date, Month, Year	Name and Address of Employer	Salary	Last Position	Reason For Leaving
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From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

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**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Telephone Number	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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Have you ever been convicted of a criminal offense?  Yes  No

If yes, please state the crime(s) for which you were convicted, whether a felony or misdemeanor, the date of the conviction(s) and the State and County of the conviction(s). PLEASE NOTE: A conviction for a criminal offense will not automatically disqualify you from employment. The nature and gravity of the offense, the time that has passed since the conviction, and the nature of the position sought will be considered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For purposes of confirming the accuracy of the information provided in this application, and determining my qualifications and suitability for employment, I authorize PARTNERS IN PEDIATRICS, or its agents or contractors, to conduct an investigation of any information they deem material to my qualifications and suitability for employment.

I certify that the information provided above is accurate and true, and understand and agree that any misrepresentation made by me or omission of information requested of me in this application will be sufficient cause for the denial of my application for employment, or for my separation from employment if I have been employed. I understand that if employed, I am an employee-at-will and that either the employer or I may terminate my employment at any time, with or without cause and with or without notice.

\_\_\_\_\_  
Signature Date

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**DO NOT WRITE BELOW THIS LINE**

Interview by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Office Location \_\_\_\_\_

Will Begin \_\_\_\_\_ Salary \_\_\_\_\_

Approval \_\_\_\_\_  
Manager Physician