

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
From To _____				

From
To _____

From
To _____

From
To _____

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. _____	_____	_____	_____

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.

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

DO NOT WRITE BELOW THIS LINE

Interview by _____ Date _____

Remarks _____

Hired _____ Position _____ Office Location _____

Will Begin _____ Salary _____

Approval _____
Manager Physician