



Pediatric Associates Employment Application



Today's Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Email: _____
Home Cell/Other

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? Yes: ___ No: ___ Are you 18 or over? Yes: ___ No: ___

Do you speak any other languages other than English (English a must)? No: ___ Yes: ___
If yes, please specify: _____

POSITION APPLYING FOR: _____

Full Time (32-40 hours): ___ Part-time (24-30 hours): ___ Pool (less than 24 hours): ___

SALARY REQUIREMENTS: _____ DATE ABLE TO START: _____

OFFICE LOCATION(S): 1. _____
2. _____
3. _____

1. Have you ever been arrested or charged with a crime? Yes: ___ No: ___
2. Have you ever been found guilty of a crime? Yes: ___ No: ___
3. Are there criminal charges currently pending against you? Yes: ___ No: ___
4. Have you ever been imprisoned or jailed in a criminal proceeding? Yes: ___ No: ___

If you answered yes to any one of the four(4) questions, please explain:

A "yes" to any questions above does not automatically keep you from being hired. If you answered "yes" to any questions, you must fully explain. Your omission or falsification of any criminal history, or any disclosure required by this form, is a cause for dismissal from employment or consideration for employment.



1. Have you ever been interview for a position at Pediatric Associates?
 No: ___ Yes: ___ If so, please provide location: _____
2. Have you ever been employed by Pediatric Associates?
 No: ___ Yes: ___ If so, please provide location: _____
3. Do you have any relatives who work for Pediatric Associates?
 No: ___ Yes: ___ If yes, please indicate name(s) and relationship(s): _____
4. Are you willing to travel?
 No: ___ Yes: ___ If yes, please provide location preference, if any: _____

SOURCE OF REFERRAL

Please select the option below that applies.

- | | |
|---|--|
| <input type="checkbox"/> PediatricAssociates.com/Recruiting Website

<input type="checkbox"/> Employee Referral: _____
<div style="text-align: center; font-size: small;">Employee Name</div> <input type="checkbox"/> Walk-In: _____
<div style="text-align: center; font-size: small;">Office Location</div> <input type="checkbox"/> School Relations: _____
<div style="text-align: center; font-size: small;">Name of School</div> <input type="checkbox"/> Workforce One

<input type="checkbox"/> Jobing/Recruiters.com | <input type="checkbox"/> Twitter

<input type="checkbox"/> Facebook

<input type="checkbox"/> Career Builder

<input type="checkbox"/> Job Fair
<input type="checkbox"/> Externship: _____
<input type="checkbox"/> Monster

<input type="checkbox"/> Other: _____ |
|---|--|

EDUCATION

High School Name	Last yr completed	Certificate/Diploma
College Name	Location	Last yr completed
College Name	Location	Major
Graduate School	Location	Major
Other School Name	Location	Major

Describe any other specialized training or qualifications relating to this position (such as seminars, military, professional affiliations, certificates or awards)



LICENSES

License Type	License Number	State	Expiration Date
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License Type	License Number	State	Expiration Date
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License Type	License Number	State	Expiration Date
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REFERENCES

Please list only work related references and their relationships to you.

	Name	Business Relationship	Telephone Number
1.			
2.			
3.			





EMPLOYMENT RECORD

Instructions:

- Please complete the following information. DO NOT use resume in place of information on the application.
- Please list most recent jobs first.

Dates of employment: From _____ To _____	Title of Positions	
Name of employing firm	Type of Business	Telephone Number
Street Address, City, State & Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No May we contact for reference?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Supervisor	Salary: Starting: \$ _____	Final: \$ _____
Description of duties :	<input type="checkbox"/> Yes <input type="checkbox"/> No Incentive Earnings	Average annual incentive
Reason for leaving:	\$ _____	

Dates of employment: From _____ To _____	Title of Positions	
Name of employing firm	Type of Business	Telephone Number
Street Address, City, State & Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No May we contact for reference?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Supervisor	Salary: Starting: \$ _____	Final: \$ _____
Description of duties	<input type="checkbox"/> Yes <input type="checkbox"/> No Incentive Earnings	Average annual incentive
Reason for leaving	\$ _____	

Dates of employment: From _____ To _____	Title of Positions	
Name of employing firm	Type of Business	Telephone Number
Street Address, City, State & Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No May we contact for reference?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Supervisor	Salary: Starting: \$ _____	Final: \$ _____
Description of duties	<input type="checkbox"/> Yes <input type="checkbox"/> No Incentive Earnings	Average annual incentive
Reason for leaving	\$ _____	

If you have been unemployed for a period of three consecutive months or more within the past five years, please provide the dates of unemployment and an explanation below:



Basic Math Test for ALL positions at Pediatric Associates

CALCULATORS AND THE USE OF CELL-PHONES TO ANSWER QUESTIONS IS NOT ALLOWED. APPLICANTS WHO ARE CAUGHT USING A CALCULATOR AND/OR OTHER DEVICE TO ANSWER QUESTIONS ARE AUTOMATICALLY DISQUALIFIED FROM EMPLOYMENT WITH THE COMPANY.

All Applicants who consider employment opportunities with the company understand that basic math skills are a requirement for employment with the company.

Please complete the following problems and return this with you Employment Application to Human Resources.

Please add (+) the following numbers together:

$$4 + 5 + 10 + 15 = \underline{\hspace{2cm}}$$

$$3 + 5 + 7 + 6 = \underline{\hspace{2cm}}$$

Please subtract (-) the following numbers:

$$20 - 5 - 2 - 3 = \underline{\hspace{2cm}}$$

$$25 - 4 - 10 - 5 = \underline{\hspace{2cm}}$$

Please multiple (x) the following numbers:

$$5 \times 2 \times 2 \times 1 = \underline{\hspace{2cm}}$$

$$6 \times 3 \times 2 \times 1 = \underline{\hspace{2cm}}$$

Please divide (/) the following numbers:

$$12 / 2 / 3 = \underline{\hspace{2cm}}$$

$$18 / 2 / 1 = \underline{\hspace{2cm}}$$

Applicant's Name: _____

Applicant's Signature: _____

Today's Date: _____

HR Signature: _____



APPLICANT DRUG/ALCOHOL TESTING CONSENT FORM



Please Read Before You Sign!

I, (*print name*) _____, understand that Pediatric Associates here by known as “the company” has a Drug Free Workplace Program and policy which includes a urinalysis drug screening test and/or a blood alcohol test.

I do hereby (*check one*) **give my consent,** **refuse to consent** to Pediatric Associates to collect a urine and/or blood sample from me as part of a pre employment process and further give my consent to forward the urine or blood sample to a laboratory for the performance of appropriate tests thereon to identify the presence of drugs. I further give my permission to release the results of such tests to Pediatric Associates’ Medical Review Officer (for drug testing results) and/or the Director of Human Resources and/or their designee.

I understand that:

- 1.) Refusal to submit to a urinalysis drug screen or blood alcohol test;
- 2.) Failure to meet the minimum screening standards established by Pediatric Associates;
- 3.) Submission of an adulterated urine sample, and/or
- 4.) Tampering with the urine sample

will disqualify me from employment with Pediatric Associates, and I will forfeit my workers’ compensation medical and indemnity benefits if I test positive after I am injured during the course of my employment.

Drug and Alcohol Testing/Screening may occur at any of the times listed below:

1. As part of the pre-employment process.
2. Upon reasonable suspicion of drug use.
3. Post accident, incident and/or injury.
4. During a regular fitness of duty medical examination or annual medical update.
5. Upon the return from a leave of absence due to suspected alcohol or drug abuse or a drug or alcohol rehabilitation program.
6. As a follow up to a rehabilitation program.
7. At any discretions of Pediatric Associates.
8. I have read (or have had read to me) and fully understand all of the terms and conditions of this agreement and consent form, and agree in full with them.

Applicants’ Signature

Date

Witness Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION TO ADP SELECTIVE SCREENING SERVICES

TO:

Any Registrar, Dean, Principal or Authorized Person or School;
Any Past or Present Employer;
Any Law Enforcement Agency, or Department or Agency
Of a City, County, State or Federal Government

I, _____ hereby authorize ADP Select Screening Services, or its authorized representative bearing this release, or copy thereof, in connection with my application for employment with Pediatric Associates, (and if I become employed, at any time during my employment with the above) to obtain a consumer report for employment purposes, including, but not limited to, credit records, criminal background checks, and employment and educational references. I authorize all persons who whom have information relevant to this research to disclose such information to ADP Select Screening Services, or its agent, and I hereby release all such furnishers of information from liability on account of true and accurate disclosure. I hereby further authorize the use of a photocopy of this authorization and direct that it be considered as valid as the original. The information obtained from this research will be released to other parties as designated by myself. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Name: _____
First Middle Last Maiden

Driver's License Number & State: _____

Social Security Number: _____ **Date of Birth:** ____/____/____
The above is for background check purposes only

Address: _____

Contact Telephone Number: (____) _____

Please list ALL previous addresses where you have lived for the past 7 years:

Street Address	City/Town	State	Zip
Street Address	City/Town	State	Zip
Street Address	City/Town	State	Zip

****If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.****

I acknowledge the receipt of a separate statement indicating that Pediatric Associates may obtain a consumer report on me in connection with my employment application, and should I become employed by the above named, at anytime during my employment with the above named.

Signature: _____ **Date:** _____



AUTHORIZATION AND ACKNOWLEDGEMENT



Please Read Before You Sign!

The information I have provided in this application is all true and correct to my knowledge. I understand if I have misrepresented or falsified information in this application (or in any accompanying document or resume which I may submit in support of this application) or if I have omitted any material facts, I will not be considered for employment by Pediatric Associates, hereby known as "the company." If I have been hired by the company, and any misrepresentation, falsification, or omission is discovered after I have begun my "at will" employment, I understand my employment is subject to immediate termination.

I authorize the company to conduct any inquiries into the information contained in this application if I am considered for employment. I authorize my current and former employers and educational institutions to provide information about me. I hereby release all employers, education institutions or other individuals or entities, which may provide information about me in connection with this application from all liability for issuing such information. I hereby waive any privilege I may have to such information that is found.

I understand nothing contained in this employment application or interview, and no company policy, procedures, correspondence or handbooks that I might receive, constitute a contract or promise of employment or employment for any specified period of time. I further understand that no company policies, procedures, correspondence, or handbooks establish any specific terms or conditions of employment between the company and me. I understand that the employment relationship is "at will," which means that if an employment relationship is established the company or I may terminate the employment relationship at any time and for any reason, with or without any notice or any prior discipline.

Applicant's Signature

Today's Date