



Application For Employment

Date Application Completed: _____

Name: _____ Phone Number: _____ Can we text this number? ___Y___N

Address: _____

Email Address: _____

Position for which you are applying: _____ Date available for work: _____

Minimum Salary Requirement: \$ _____ Full Time: ___ Part Time: ___ Temp: ___

If part time, specify hours or days: _____

Other jobs that might affect your employment with us: _____

Education and Training:

School Name, City and State	Degree/Major
High School:	
College:	
Graduate School:	
Trade School:	

List any other education, training, special skills or certificates, licenses that you possess related to the job you are applying for: _____

List any machines/equipment on which you are qualified and experienced in operating: _____

Do you have experience with an EMR system: Yes ___ No ___ If yes, which one(s): _____

Languages you fluently speak: _____ Languages you fluently read/write: _____

List any other names under which you were employed: _____

Have you ever been discharged from employment because your conduct was not satisfactory? Yes ___ No ___

Have you ever been discharged from employment because your work was not satisfactory? Yes ___ No ___

Have you ever resigned after official notification that your conduct was not satisfactory? Yes ___ No ___

Have you ever resigned after official notification that your work was not satisfactory? Yes ___ No ___

If you answered "yes" to any of the above questions, please explain reasons for resignation or discharge: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, give date and location: _____

Are you able to satisfy the job's requirements or essential functions including ergonomic, environmental and physical conditions of the job you are applying for? Yes ___ No ___

Do you meet the age, requirement for the position you are applying for? Yes ___ No ___



Employment History

Current Employer:

Company Name: _____ Position Held: _____
Job Description: _____
Address: _____
Supervisor Name: _____ Title: _____ Phone Number: _____
Reason for leaving: _____

Previous Employer (Most Recent):

Company Name: _____ Position Held: _____
Job Description: _____
Address: _____
Supervisor Name: _____ Title: _____ Phone Number: _____
Reason for leaving: _____

Previous Employer (Other):

Company Name: _____ Position Held: _____
Job Description: _____
Address: _____
Supervisor Name: _____ Title: _____ Phone Number: _____
Reason for leaving: _____

References:

List three references who have definite knowledge of your previous experience. These should not be family members or "friends":

	<u>Name</u>	<u>Position/Relation</u>	<u>Organization/Company</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

*I authorize the references listed above to give PediDocs PLLC any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to PediDocs PLLC. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I also authorize PediDocs PLLC to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should any investigation disclose any such misrepresentation or falsification, my application will be reflected and I will be declared ineligible for employment.

* I, (Please print) _____, hereby authorize PediDocs PLLC, or employees of, to investigate my background and qualifications for purposes of evaluation whether I am qualified for the position for which I am applying. I understand that PediDocs PLLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Your signature verifies that you have read, understand and agree to the above statements:

Applicant Signature

Date