



### Application For Employment

Date Application Completed: \_\_\_\_\_

Can we text this  
number?  Y  N

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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:

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Applicant Signature

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Date