

**The Children's Clinic, P.C.
Application for Employment**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Site Manager or Assistant Administrator.

PLEASE PRINT

Position(s) Applied For _____		Date of Application: / /
Name _____		Social Security # _____
(Last)	(First)	(M.I.)
Address _____		_____
(Street)	(City, State)	(Zip Code)
Telephone # - Day _____	Mobile # _____	Other # _____
Telephone # - Eve _____	Pager # _____	
E-Mail Address _____		

If you are under 18, and it is required, can you furnish a work permit?..... Yes No
 If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Date available for work _____/_____/_____ What is your desired salary range? _____

Type of employment desired: - Full-Time-- Part-Time-- Temporary-- Other (explain)-_____

Are you able to meet the attendance requirements of the position?..... Yes No

Are you able to meet the physical requirements of the position, with or without reasonable accommodations?..... Yes No

The Children's Clinic, P.C. conducts pre-employment criminal background checks and illegal drug screening tests on all prospective employees.

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony?..... Yes No
 If yes, please provide date(s) and details _____

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Valid "driver's license" number if driving is an essential job function _____ State _____

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephone # ()
Starting Job Title:		Address:	
Final Job Title:		Summarize the nature of work performed and job responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
From:	To:	Employer:	Telephone # ()
Starting Job Title:		Address:	
Final Job Title:		Summarize the nature of work performed and job responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
From:	To:	Employer:	Telephone # ()
Starting Job Title:		Address:	
Final Job Title:		Summarize the nature of work performed and job responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
From:	To:	Employer:	Telephone # ()
Starting Job Title:		Address:	
Final Job Title:		Summarize the nature of work performed and job responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND (if job related)

Name and Location	Number of Years Completed	Did You Graduate?		Course(s) of Study
High School				
College		Major	Degree	
College		Major	Degree	
Other				

PROFESSIONAL REFERENCES

Name	Relationship	Telephone #	Years Known
1)			
2)			
3)			
4)			

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, including a criminal background check and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I understand that any offer of employment will be contingent on satisfactorily passing a urine screening test for illegal drugs. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

() Initials

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserve the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the site manager and administrator or other party with authorizing powers.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date