



# 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 so, please specify: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

Full Time (32-40 hrs): \_\_\_ Part-time (24-30 hrs): \_\_\_ Per Diem (less than 24 hours): \_\_\_

SALARY REQUIREMENTS: \_\_\_\_\_ DATE ABLE TO START: \_\_\_\_\_

OFFICE LOCATION(S): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

1. **Have you ever been convicted of an offense (misdemeanor or felony) other than a minor traffic violation? (Driving Under the Influence [DUI] and Driving While Intoxicated [DWI] convictions are not minor and must be reported.)** Yes: \_\_\_ No: \_\_\_
2. **Have you ever been found guilty of a criminal offense?** 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: \_\_\_

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.

Examples of a criminal offense: Assault/battery, auto theft, disorderly conduct, domestic violence, DUI/DWI, fraud (welfare/food stamps) loitering, prostitution/solicitation, robbery, shoplifting, theft (grand/petty), trespassing, worthless checks. Note: This is not a complete list and is intended to provide examples only. You must list all convictions including juvenile incidents and those in which adjudication was withheld and/or records were sealed /expunged.



Have you ever been employed by Pediatric Associates?  
 No: \_\_\_ Yes: \_\_\_ If so, please provide location: \_\_\_\_\_

Do you have any relatives who work for Pediatric Associates?  
 No: \_\_\_ Yes: \_\_\_ If yes, please indicate name(s) and relationship(s): \_\_\_\_\_

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                   | <input type="checkbox"/> Twitter           |
| <input type="checkbox"/> Employee Referral: _____<br>Employee Name | <input type="checkbox"/> Facebook          |
| <input type="checkbox"/> Walk-In: _____<br>Office Location         | <input type="checkbox"/> Career Builder    |
| <input type="checkbox"/> School Relations: _____<br>Name of School | <input type="checkbox"/> Job Fair          |
| <input type="checkbox"/> Workforce One                             | <input type="checkbox"/> Externship: _____ |
| <input type="checkbox"/> Jobing/Recruiters.com                     | <input type="checkbox"/> Monster           |
|  | <input type="checkbox"/> Other: _____      |

**EDUCATION**

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

---

|              |                |       |                 |
|--------------|----------------|-------|-----------------|
| License Type | License Number | State | Expiration Date |
|--------------|----------------|-------|-----------------|

---

|              |                |       |                 |
|--------------|----------------|-------|-----------------|
| License Type | License Number | State | Expiration Date |
|--------------|----------------|-------|-----------------|

---

## REFERENCES

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

---

| Name | Business Relationship |
|------|-----------------------|
| 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.

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

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

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

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:



## VOLUNTARY EQUAL OPPORTUNITY FORM



Pediatric Associates is committed to equal employment opportunity for all applicants without regard to race, color, creed, religion, sex, age, marital status, national origin, status as a Vietnam Era Veteran or disabled veteran, disability, sexual orientation or status with regard to public assistance, or any other characteristic protected under federal, state, or local law.

To help us comply with federal and state reporting and record keeping requirements, we ask that you complete the following information. This information will not be used during the hiring process and will be kept confidential. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment.

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Location Applied For: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

**Race/Ethnic Group:**      Black/African American  
   White  
   Hispanic/Latino  
   Native Hawaiian/Pacific Islander  
   Asian  
   Two or More Races

**Sex:**                      Male  
   Female

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date



## 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.

\_\_\_\_\_  
Applicant’s 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





## 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 multiply (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: \_\_\_\_\_