

Kid Care Pediatrics Employment Application

Please print in black ink or type. Fill out application completely leaving no blank spaces
(if not applicable, use N/A).

Background Information

Full Name: _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

Position Information

Position(s) applying for: _____

Salary requirement: _____

Date available for work: _____

Hours available for work: Full-time ? Part-time ? PRN (As Needed) ?

Willingness to work: After-hours ? Weekends ? Holidays ?

Education Information

List below all schools attended starting with most recent through high school. Include name and location, degree/certification received, major/area of concentration, and years of attendance:

Professional Licensure/Registration Information

Type: License/Registration #: _____

State: Other states licensed/registered: _____

Expiration Date: _____

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Personal/Professional References

List three non-relative references below. Include name, address, telephone #, occupation , and # of years known applicant:_____

Employment Background Information

List below all positions held beginning with most recent job. Include name of employer, address, telephone #, name of supervisor, job title, description of duties, dates of employment, ending rate of pay, reason for leaving:

Citizen Background Information

Excluding minor traffic violations:

Have you ever been convicted of any criminal offense? Yes / No

Have you ever pleaded guilty to any criminal offense? Yes / No

Have you ever received deferred adjudication for any criminal offense?

Yes/No

Have you ever been involved in a lawsuit because you were accused of professional neglect or negligence? Yes / No

Have you ever been fired or had to resign from a job because of alleged neglect or negligence? Yes / No

Have you ever been fired or had to resign from a job because of alleged violation of employer policies and procedures? Yes / No

Skills Information

Computer Skills: _____

Typing: _____

Foreign Language (s)

Proficiency: _____

List any additional skills/experience/citations relevant to position applying for: _____

Recruitment Information

List below how you found out about this employment opportunity at Kid Care Pediatrics:

Do you have relatives working at Kid Care Pediatrics? Yes / No

Kid Care Pediatrics Disclosure Information

Please read carefully before signing application:

Kid Care Pediatrics is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services.

Review of your application does not guarantee employment for position applied for. Consideration for employment is based on applicant's ability to meet requirements for position duties and responsibilities.

Kid Care Pediatrics seeks to maintain a healthy place of operations for its patients and employees and therefore prefers to hire non-smokers.

Applicant Disclosure Information

I certify that all information provided by me in connection with this application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or if already hired termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or other information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I understand that Kid Care Pediatrics may check with state and/or federal agencies for any criminal history in accordance with applicable statutes.

I understand that the employment arrangement between myself and Kid Care Pediatrics is based on the Texas statutory ?at will? relationship in which the employee may resign at any time and the employer may release the employee at any time with or without cause. Such an at will relationship may not be changed in any form unless expressly acknowledged in writing by authorized agent of Kid Care Pediatrics.

I understand that due to the nature of a Pediatrics office, an employee may be required to stay at work longer than planned, or participate in duties not usually done in order to facilitate efficient office operations and enable the delivery of quality patient care.

I understand that the terms and conditions of employment including salary and hours of operation are subject to adjustment by employer. I also understand that I will abide by all policies and procedures of Kid Care Pediatrics if I am hired.

I am authorized to work legally in the United States. Yes / No

I possess the mental and physical capacity to perform the functions and fulfill the responsibilities required of the position I am applying for. Yes / No

Signature of Applicant: _____ *Date:* _____

Date of Birth: _____

Social Security Number: _____