



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mobile/Home Phone # \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
 Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

**If yes**, please provide company names and details \_\_\_\_\_

Can you work any shift?  Yes  No

Can you work overtime, including weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed?  If so may we inquire of your present employer? \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us?  Walk In  Advertisement  Referral  Other

Have you ever worked for this company before?  Yes  No

Explain \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

<b>Date From</b>	<b>To</b>	<b>Company Name</b>	<b>City, State</b>
<i>Title and Duties:</i>			
<i>Reason for Leaving:</i>		<i>Supervisor's Name</i>	<i>Telephone Number</i>
<b>Date From</b>	<b>To</b>	<b>Company Name</b>	<b>City, State</b>
<i>Title and Duties:</i>			
<i>Reason for Leaving:</i>		<i>Supervisor's Name</i>	<i>Telephone Number</i>
<b>Date From</b>	<b>To</b>	<b>Company Name</b>	<b>City, State</b>
<i>Title and Duties:</i>			
<i>Reason for Leaving:</i>		<i>Supervisor's Name</i>	<i>Telephone Number</i>

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):

**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Title	Relationship to you	Telephone

**Please read carefully before signing.**

Pediatric Associates of Lewiston, PA is an equal opportunity employer. Pediatric Associates of Lewiston, PA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Pediatric Associates of Lewiston, PA to hire me. If I am hired, I understand that either Pediatric Associates of Lewiston, PA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Pediatric Associates of Lewiston, PA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Pediatric Associates of Lewiston, PA true and complete information on this application. No requested information has been concealed. I authorize Pediatric Associates of Lewiston, PA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**