

CONTACT INFO

Name

Address

Phone #

Email Address

PERSONAL INFO

Position

Full-Time

Part-Time

Date available to start:

Are you legally permitted to work in the United States?

Yes No

If under age 17, your age:

Have you ever applied for work at Kids Plus?

Yes No When?

Have you ever been employed by Kids Plus?

Yes No When?

Are you related to an employee of Kids Plus?

Yes No If so, who?

Have you ever been dismissed or asked to resign from employment?

Yes No

If Yes, Why:

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?

Yes No

If Yes, please explain:

Do you have any time commitments that might interfere with your employment at Kids Plus?

Yes No

If Yes, please explain:

If you're currently employed, why do you want to leave your job?

May we contact your present employer for a reference?

Yes No

QUALIFICATIONS

Briefly describe why you're qualified for this position.

EMPLOYMENT INFO

List all previous employment for the last 10 years, in chronological order, including U.S. military. Attach additional pages if necessary.

Employer	1
Address	Phone #
Position	Supervisor
Dates Employed	Final/Current Salary
Reason for Leaving	

Employer	2
Address	Phone #
Position	Supervisor
Dates Employed	Final/Current Salary
Reason for Leaving	

Employer	3
Address	Phone #
Position	Supervisor
Dates Employed	Final/Current Salary
Reason for Leaving	

Employer	4
Address	Phone #
Position	Supervisor
Dates Employed	Final/Current Salary
Reason for Leaving	

EMPLOYMENT INFO (cont.)

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Employer

Address

Phone #

Position

Supervisor

Dates Employed

Final/Current Salary

Reason for Leaving

REFERENCES

Please list three persons, not related to you, who can provide professional references for you.

Name

Occupation

Address

Phone #

Name

Occupation

Address

Phone #

Name

Occupation

Address

Phone #

EDUCATION INFO

High School

Years Completed / Diploma Earned

College / Tech School

Years Completed / Degree or Diploma Earned

College / Tech School

Years Completed / Degree or Diploma Earned

EQUAL OPPORTUNITY INFO

Applicants for employment at **Kids Plus Pediatrics** are evaluated and selected on the basis of individual merit and ability according to the position being filled. Applicants are selected and hired without consideration of race, color, religion, age, gender, national origin, political affiliation, sexual orientation, ancestry, disability, or any other protected characteristic as established by law.

ACKNOWLEDGMENTS

Please read carefully before signing below.

I certify that all information I have provided is true, correct, and complete.

I understand that any information I provided that is found to be false, incomplete, or misrepresented in any way, whenever it's discovered, will be sufficient cause to cancel consideration of this application or immediately terminate my employment.

I authorize, without reservation, **Kids Plus Pediatrics** and its representatives to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions, and to verify the accuracy of all information I have provided. I waive all rights and claims regarding **Kids Plus Pediatrics** and its representatives for gathering and using this information in the employment process, and other parties for furnishing this information about me.

I understand that **Kids Plus Pediatrics** does not discriminate in employment, and that 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 local, state, or federal law.

I understand this application remains current for 90 days. After that time, if I have not heard from **Kids Plus Pediatrics** and still want to be considered for employment, I must reapply and fill out a new application.

If understand that, if hired, I am free to resign at any time, with or without cause and without prior notice, and that **Kids Plus Pediatrics** reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law.

This application does not constitute an agreement or contract for employment. I understand that no assurances to the contrary and no implied oral or written agreements contrary to these acknowledgments are valid unless in writing and signed by the CEO of **Kids Plus Pediatrics**.

I 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 I-9 form.

CERTIFICATION

By signing below I acknowledge that I have read, understood, and agree to all of the statements and acknowledgements above.

SIGNATURE

DATE