



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Social Security

Date _____ Number _____

Name _____

Last First Middle

Street Address _____

Street City State Zip

Mailing Address (if different) _____

Street City State Zip

Phone No. _____

Referred By _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? Yes No

If So May We Contact Your Present Employer? Yes No

Ever Applied to Ponderosa Pediatrics Before? Yes No Where? _____ When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____		<input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____		<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____		<input type="checkbox"/> No	

General

Job Related Skills or Experience (typing, driver's license, etc.)

FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date Month and Year	Name and Phone Number of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Phone Number	Position	Years Acquainted
1			
2			
3			

If you are to be hired by Ponderosa Pediatrics, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge, I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Ponderosa Pediatrics.

I understand that any employment is conditioned on a background check. I authorize Ponderosa Pediatrics to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Ponderosa Pediatrics, without giving me prior notice of such disclosure. In addition, I release Ponderosa Pediatrics, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Ponderosa Pediatrics. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Ponderosa Pediatrics unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Ponderosa Pediatrics and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Ponderosa Pediatrics the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Ponderosa Pediatric's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Ponderosa Pediatrics to hire. If hired, I agree to abide by all Ponderosa Pediatrics work rules, policies and procedures. Ponderosa Pediatrics retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature