

SUMTER PEDIATRICS, P.A.

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should inform the Practice Administrator.

(Please Print Clearly)

PERSONAL DATA

Name _____ Date _____

Current Address _____

Phone Number _____

JOB INTEREST

Position Applied For _____

Indicate Availability To Work: Full-Time Part-Time Days Evenings

Available To Start _____

Have you ever been employed by us before? Yes No

Are you legally eligible for employment in this country? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

A positive response is not an automatic bar to employment with the practice. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Please indicate availability to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|---------|-----------|----------|---------|----------|---------|
| AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |

EDUCATIONAL BACKGROUND

| Type | Name and Location | Courses Taken | Graduated | | |
|--------------------|-------------------|---------------|-----------|----|----------|
| | | | Yes | No | Enrolled |
| High School | | | | | |
| College | | | | | |
| University | | | | | |
| Healthcare Related | | | | | |
| Other | | | | | |

EMPLOYMENT HISTORY

(List previous employers beginning with most recent)

Employer's Name _____ Business Type _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary

Employment Dates (mm/yy): From ___/___ To ___/___ Ending Salary: _____

Reason for Leaving? _____ May we contact? Yes No

Employer's Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____
 Reason for Leaving? _____ May we contact? Yes No

Employer's Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____
 Reason for Leaving? _____ May we contact? Yes No

Employer's Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____
 Reason for Leaving? _____ May we contact? Yes No

PROFESSIONAL REFERENCES
 (Please list three professional references below)

| Name | Employer and Title | Business Telephone | Home Telephone |
|------|--------------------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

It is the policy of Sumter Pediatrics, P.A. to provide equal opportunity in employment for all persons and to prohibit discrimination in employment because of race, color, religion, sex, disability, marital status, or national origin and to promote the full realization of equal employment.

If employed by Sumter Pediatrics, P.A., I understand that I have the right to terminate my employment at any time. Sumter Pediatrics, P.A. also reserves the right to terminate my employment for any reason at any time.

I certify that all information I have provided in order to apply for and secure work with Sumter Pediatrics, P.A. is true, complete, and correct. I understand that if I am employed, any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause for immediate termination of employment.

Applicant Signature: _____ Date: _____