

APPLICATION FOR EMPLOYMENT



Pediatric Associates of Charlottesville, PLC.
1011 E Jefferson St
Charlottesville, VA 22902

Pediatric Associates of Charlottesville is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time ___ Part Time

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? _____ Yes _____ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

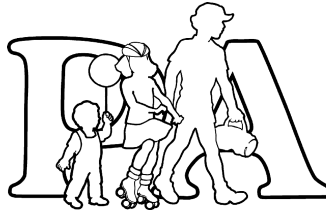
College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

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Professional licenses, registration and certificates:

State	Type	Number	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

List all equipment/machines, including office equipment, that you can operate skillfully:

Typing speed: _____ wpm

Additional skills and qualifications:

Have you ever been employed with Pediatric Associates? Yes No

If so, please state position and dates of employment:

RECORD OF CONVICTION:

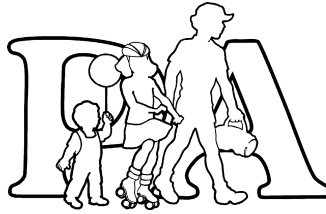
Have you ever been convicted of a crime other than minor traffic offense?

Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

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EMPLOYMENT:

List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

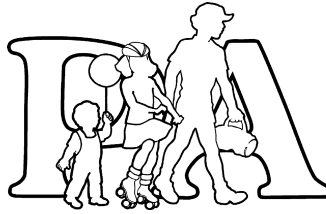
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If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

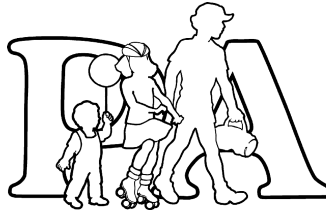
Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

If yes, explain: _____

REFERENCES:

Professional	Personal
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____

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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Pediatric Associates of Charlottesville, PLC to verify their accuracy and to obtain reference information on my work performance. I hereby give consent and authorize Pediatric Associates of Charlottesville to perform a Criminal History Background Search to obtain information relating to any/all criminal activities. I agree to conduct a Pre-employment Drug Screening as a condition of my consideration for employment and I understand that failing to meet the necessary standards of this screening may result in the disqualification of further consideration of my application. I hereby release Pediatric Associates of Charlottesville, PLC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____