



APPLICATION FOR EMPLOYMENT

Capital Area Pediatrics is an Equal Opportunity Employer and prohibits discrimination on the basis of race, color, national origin, sex, age, religion, marital status, personal appearance, sexual orientation, matriculation, political affiliation, veteran status, or physical or mental disability.

PERSONAL INFORMATION

Name: _____
last first middle

Present address: _____
street city state zip code

Telephone #: H) _____ C) _____ Email address: _____

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.)

Have you ever been convicted of a felony within the last 7 years? ___ Yes ___ No
(The existence of a criminal conviction does not constitute an automatic bar to employment. Convictions will only be considered in relation to specific job requirements. It is only necessary to include convictions, which have not been expunged from the records.)

EMPLOYMENT DESIRED

Position: _____ Date you can begin: _____ Minimum Salary desired: _____

Are you employed now? ___ Yes ___ No If so, may we contact your present employer? ___ Yes ___ No

Have you ever applied to CAP before? ___ Yes ___ No If yes, when? _____

Referred by: _____ How did you hear about us? _____

EDUCATION

Type	Name/Location of School	Graduate/Complete	Interest or Concentration
High School			
College			
Trade/Business/Vocational			

Special skills: _____

Current Registries or Certificates _____

After reviewing the essentials functions of the job for which you are applying, are you able to perform these functions with or without accommodation(s) ___ Yes ___ No If you can perform the functions with accommodation(s), please explain the functions and specify accommodation(s)

Do you have any commitments to another employer that might affect your employment?

EMPLOYMENT HISTORY

From: _____ To: _____ Company name: _____ Telephone #: _____
 mo/yr mo/yr Company address: _____ Immediate Supervisor _____
 Ending position: _____ Ending rate: _____
 Starting position: _____ Starting rate: _____
 Reason for leaving: _____
 May we contact this employer? ___ Yes ___ No

From: _____ To: _____ Company name: _____ Telephone #: _____
 mo/yr mo/yr Company address: _____ Immediate Supervisor _____
 Ending position: _____ Ending rate: _____
 Starting position: _____ Starting rate: _____
 Reason for leaving: _____
 May we contact this employer? ___ Yes ___ No

From: _____ To: _____ Company name: _____ Telephone #: _____
 mo/yr mo/yr Company address: _____ Immediate Supervisor _____
 Ending position: _____ Ending rate: _____
 Starting position: _____ Starting rate: _____
 Reason for leaving: _____
 May we contact this employer? ___ Yes ___ No

From: _____ To: _____ Company name: _____ Telephone #: _____
 mo/yr mo/yr Company address: _____ Immediate Supervisor _____
 Ending position: _____ Ending rate: _____
 Starting position: _____ Starting rate: _____
 Reason for leaving: _____
 May we contact this employer? ___ Yes ___ No

What position was your most favorable and why? _____

REFERENCES

Please provide three *professional* individuals, not related to you, who each have supervised your employment.

Name	Company	Occupation	Telephone Number
1.			
2.			
3.			

My signature below certifies that I have completed this Application for Employment with Capital Area Pediatrics (CAP) and the facts contained in this application are complete and true. Further, I understand that any misrepresentation or omission of facts is sufficient grounds for rejection of this application or, if hired, dismissal from employment.

I authorize CAP to investigate all statements contained herein and the references and employers, listed on this application and attached, to give CAP any and all information concerning my current and previous employment and any pertinent information they may have. I also authorize CAP/or Agents to solicit information about my criminal background, social security, academic record, credit history, and general public records history.

I understand that if offered employment, I must satisfy the Immigration Reform and Control Act of 1986 requirements by showing eligibility for legal employment in the United States within three business days from the date employment begins. I understand that this employment application is not a contract of employment and if hired my employment will be at will and for no definite period of time, and either CAP or I may terminate the employment relationship at anytime, with or without cause.

I acknowledge that I have read and understand fully this application, including the above statements.

Signature: _____ Date: _____