

# Pediatric Associates of University of Iowa Stead Family Children's Hospital

## Application for Employment

Today's Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If Yes: Month and Year \_\_\_\_\_

Position Currently Applying For: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work?  Yes  No

If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No When are you available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you a US Citizen?  Yes  No

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offense, which have not been annulled, expunged or sealed by a court?  Yes  No

If Yes, describe in full \_\_\_\_\_

Pediatric Associates completes background checks prior to hiring.

Please state the names of friends and relatives working for us, other than your spouse:

### Education

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DATES ATTENDED	DID YOU GRADUATE	DEGREE OR DIPLOMA?
High School		N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Training

Membership in Professional and Civic Organizations: (If you wish, please exclude those that may disclose your race, color, religion or national origin)

\_\_\_\_\_

\_\_\_\_\_

Special Training and Skills that pertain to this position: \_\_\_\_\_

\_\_\_\_\_

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## Employment History

*Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.*

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

We may contact the employers listed above unless you indicate you do not want us to below. **Do Not Contact:**

Employer \_\_\_\_\_ Reason \_\_\_\_\_

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The information provided in this application for employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future as Pediatric Associates has an employment-at-will policy.

Date \_\_\_\_\_ Signature: \_\_\_\_\_