

Pediatric Associates of Iowa City and Coralville

Application for Employment

Today's Date: _____

Last Name _____ First Name _____ M. I. _____

Social Security Number: _____ Home Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____ Work Telephone: _____

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 _____

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: _____

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 _____

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.

Date _____ Signature: _____