

# Child First Urgent Care Employment Application



## AN EQUAL OPPORTUNITY EMPLOYER

Premier Pediatrics, PLLC and Child First Urgent Care is an Equal Opportunity Employer and has a nondiscriminatory policy in conformity with the law and will not discriminate on any basis as defined by applicable federal, state or local law. We are proud of our equal opportunity policies and we intend to comply with not only the letter, but with the spirit of these laws. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, religion, national origin, disability, sexual orientation, marital status, citizenship status, veteran status, genetic information or any other factor protected by statute.

### Contact Information

Date:

Last Name	First Name	Middle Name/Initial
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Have you ever used another name (e.g. maiden name; not nickname)?  Yes  No  
If YES, please indicate.

Current Street Address	City	State/Province	Zip/Postal Code
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Contact Phone Number	Alternate Phone Number	Pager/Cell Phone	Email Address
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Preferred Contact Method

Position Applied for: CMA/LPN      Front desk/Receptionist      Radiation tech/Limited license technician

What is the minimum starting salary you would accept for this position?  
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How many hours per week would you prefer to work?

How did you learn about this position?

When will you be able to begin work?

Are you presently authorized to work in the United States?  Yes  No

Will you require work authorization sponsorship by our company now or in the future?  Yes  No

Are you able to perform the functions of the job for which you are applying with or without reasonable accommodation? Yes  No

NOTE: Premier Pediatrics, PLLC and Child First Urgent Care will consider employment, without regard to disability, a disabled applicant who satisfies the requisite skill, experience, education, and other job-related requirements of the job and is capable of performing the essential requirements of the job with or without reasonable accommodation.

Regular attendance is an essential job function and is required of all Premier Pediatrics, PLLC and Child First Urgent Care employees.  
Will you be able to meet this job requirement? Yes  No

**EDUCATION INFORMATION – HIGH SCHOOL**

High School Name	High School City	High School State
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Did you graduate or obtain your GED?  Yes  No

**EDUCATION INFORMATION – COLLEGE/UNIVERSITY**

<b>1</b>	Type of School College/University	If Other (please explain)
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School Name	School City	School State/Province
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School Degree/Certification	Overall GPA	Major	GPA Major
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Current Status Graduate	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>2</b>	Type of School	If Other (please explain)
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School Name	School City	School State/Province
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School Degree/Certification	Overall GPA	Major	GPA Major
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Current Status	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMPLOYMENT INFORMATION**

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

<b>1</b>	Job Title	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Current employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer's Name	Telephone
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Street Address	Employment Dates From _____ To _____
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Name and Title of Supervisor	Salary Start _____ Last _____ USD \$0.00/Yr.      USD \$0.00/Yr.
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Primary Responsibilities	Reason for Leaving (if applicable)
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<b>2</b>	Job Title	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Current employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name		Telephone
Street Address		Employment Dates From                      To
Name and Title of Supervisor		Salary Start                      Last
Primary Responsibilities		Reason for Leaving (if applicable)
Please explain all periods of unemployment between jobs within the past five years.		
N/A		
Have you ever been asked to resign from a job or were discharged for reasons other than workforce reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		

<b>REFERENCES</b> (Not former Employers or Relatives)			
Name and Occupation	Relationship: Personal or Professional	Telephone	Telephone Number Type
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>DRIVING RECORD</b>			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your driver's license been revoked, denied, suspended or cancelled within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable to Hawaii residents.)			

How many moving violations and/or at fault accidents have you had in the last 5 years?  
(Not applicable to Hawaii residents.)

Have you been convicted of any alcohol or drug-related driving offense in the past 5 years? (Including, but not limited to, driving or operating a vehicle under the influence of alcohol or drugs, or while intoxicated, unlawful blood alcohol level, operating while impaired and/or similar offenses.) (Not applicable to Hawaii residents.)  Yes  No

### **ADDITIONAL INFORMATION**

Have you ever been convicted of a felony which has not been annulled or expunged, impounded, statutorily eradicated or sealed by a court? (Not applicable to Hawaii or Massachusetts residents/applicants.) Note: A "Yes" answer will not necessarily result in disqualification. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be considered.  Yes  No

If YES, please explain.

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

If NO, what hours can you work?

List any honors and/or awards that you have received. \*

List any special training that you have received and/or skills that you possess (include technical and/or computer skills).

List your current interests, activities, and/or hobbies. \*

\* You may exclude any honors, activities, interests or hobbies that indirectly or directly disclose race, color, religion, sex, national origin or any other protected class.

## APPLICANT'S CERTIFICATION AND AGREEMENT

### PLEASE READ CAREFULLY

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified, incomplete, omitted, or misleading statements on this application shall be considered sufficient cause for dismissal whenever the same might be discovered. I agree to cooperate fully in all Company-directed investigations and conform to the rules and regulations of the Company. I understand and agree that from time to time my personal property may be subject to investigation by the Company. I also understand and agree to the policy of the Company that all employees who do not have a separate, individual, written employment contract with the Company are employed at the will of the Company for an indefinite period. Such employee may resign from the Company at any time, for any reason, and may be terminated by the Company at any time, for any reason, with or without notice. I further understand and agree that the Company, at its determination, may require any applicant or employee to submit to a drug or alcohol test in accordance with applicable law. I agree that if I refuse to submit to a lawful drug test, I will be subject to discharge. I also agree that the Company may require such testing as a condition of employment, promotion, and/or continued employment, and I agree to abide by all Company requirements concerning alcohol or drug testing and/or use. You are hereby authorized to make any investigation of my financial, credit, driving and criminal record through any investigative or consumer reporting agencies or bureaus of your choice and I agree to hold the Company and the entity supplying the report on such record harmless from any and all claims connected therewith, \*\* (In California, should you obtain a consumer report, I may check the following box to receive a copy of my consumer report directly from the consumer reporting agency ) I further agree that you may seek information about me from whatever source concerning my application for employment and/or fitness for continued employment if employed, and I agree to hold the Company and the source supplying and/or verifying such information harmless for any claims connected therewith. If employed, I authorize the Company to supply information about me to any entity with whom I might hereafter seek employment and/or who has a legitimate reason to inquire of such information, such as schools, educational assistance programs, entities from which I might seek credit and federal and state agencies, and I agree to hold the Company harmless from any and all claims connected therewith.

**Printed Name:**

**Applicant Signature:**

**Date Signed:**

**\*\*NOTE:** We conform with the Provisions of the Fair Credit Reporting Act if a consumer report on the applicant is obtained and considered.