JEFFERS AND MANN & ARTMAN PEDIATRICS

EMPLOYMENT APPLICATION

PERSONAL DATA

| Name: | | | |
|--|---------------|-------------------------|--|
| (Last) | | (First) | (Middle) |
| Present address: | | | |
| | | | |
| Social Security Number: _ | | Te | elephone: () |
| If hired, can you provide th U.S.? Yes | | | e that you are authorized to work in the |
| Date of birth (if under 18 ye | ears of age) | | |
| <u>EMPLOYMENT</u> | | | |
| What position are you appl | lying for? | | |
| Do you want to work: | FULL-TIME | | PART-TIME |
| Specific days and hours _ | | | |
| Rate of pay expected | | | |
| Date available for work | | | |
| <u>EDUCATION</u> | | | |
| Circle the highest level or e | equivalent co | empleted: | |
| High School 9 10 11 1: | 2 | College/Tech 1 2 3 4 | Other |
| Name of college, university | or voc-tech | attended | |
| Are you currently a student | t? | YES | NO |
| If yes, name of institution | | | |

PROFESSIONAL QUALIFICATIONS

| Registered Nurse | | | | | |
|---|---------------------|--------------------|--|--|--|
| NC Certificate No. | Ye | ear of Expiration | | | |
| Renewal License No. | | · | | | |
| Licensed Practical Nurse | | | | | |
| NC Certificate No. | | Year of Expiration | | | |
| Renewal License No. | | | | | |
| Other | | | | | |
| NC Certificate No | <u> </u> | Year of Expiration | | | |
| Renewal License No. | | | | | |
| Professional (not social or civic) organizations to which you belong: | | | | | |
| WORK EXPERIENCE (List in ord | er – current or las | t employer first) | | | |
| Employer | | Phone () | | | |
| A -1-1 | | | | | |
| Name of immediate supervisor | | | | | |
| Data started | Doto loft | Solony | | | |
| Date started | _ Date left | Salary | | | |
| | | | | | |
| | | | | | |
| Address | | Phone () | | | |
| Name of immediate supervisor | Dota loft | Colony | | | |
| | | Salary | | | |
| Description of work responsibilities _ | | | | | |
| Reason for leaving | | | | | |
| Employer | | Phone() | | | |
| Addross | | , , | | | |
| Name of immediate supervisor | | | | | |
| | | t Salary | | | |
| Date started Description of work responsibilities _ | | - Calary | | | |
| Reason for leaving | | | | | |

PROFESSIONAL REFERENCES

| Name | , Title |
|---|---|
| Phone | |
| Organization | |
| Name | , Title |
| Phone | |
| Organization | |
| | , Title |
| PhoneOrganization | |
| terminate my employment at any time or law. I understand that to be employed I nand I must show the employer documents. I understand that the company will thorou | employment-at-will policy in that the employer or I may for any reason consistent with applicable state or federal nust be lawfully authorized to work in the United States, is that will prove this. Ighly investigate my work and personal history and verify ed papers, and in interviews. I authorize all individuals, |
| schools, and firms named therein, except | my current employer if so noted, to provide any lease them from all liability for damage in providing this |
| I certify that all statements herein are true shall be sufficient cause for dismissal or r | e and understand that any falsification or willful omission refusal of employment. |
| | considered active for a period of time not to exceed be considered for employment beyond this time period ations are being accepted at that time. |
| Date | Signature of Applicant |

Once completed, please fax to (919) 786-6043.