



JMA Pediatrics

Jeffers, Mann & Artman

EMPLOYMENT APPLICATION

PERSONAL DATA

Name: _____
(Last) (First) (Middle)

Present address: _____

Telephone: () _____ E-mail address: _____

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? Yes _____ No _____

Date of birth (only if under 18 years of age) _____

EMPLOYMENT

What position are you applying for? _____

Do you want to work: Full-Time _____ Part-Time _____

Specific days and hours _____

Rate of pay expected _____

Date available for work _____

Circle the highest level or equivalent completed:

High School	College/Tech	Other
9 10 11 12	1 2 3 4	_____

Name of college, university or voc-tech attended _____

Are you currently a student? Yes _____ No _____

If yes, name of institution _____

PROFESSIONAL QUALIFICATIONS

Registered Nurse _____

NC Certificate No. _____ Year of Expiration _____

Renewal License No. _____

Licensed Practical Nurse _____

NC Certificate No. _____ Year of Expiration _____

Renewal License No. _____

Other _____

NC Certificate No. _____ Year of Expiration _____

Renewal License No. _____

Professional (not social or civic) organizations to which you belong:

WORK EXPERIENCE (List in order – current/last employer first)

Employer _____ Phone () _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

If currently employed, may we contact this employer Yes _____ No _____

Employer _____ Phone () _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

Employer _____ Phone () _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

PROFESSIONAL REFERENCES

Name _____, Title _____
Phone _____
Organization _____

Name _____, Title _____
Phone _____
Organization _____

Name _____, Title _____
Phone _____
Organization _____

PLEASE READ CAREFULLY

I understand that the employer follows an employment-at-will policy in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Date

Signature of Applicant