

LAUVE'S PEDIATRIC

Employment Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apt./Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Social Security No.				Desired Salary		
Position Applied for	<input type="radio"/> RN		<input type="radio"/> LPN		<input type="radio"/> CNA		<input type="radio"/> Clerical		<input type="radio"/> Other _____	
Hours Desired	<input type="radio"/> Full Time		<input type="radio"/> Part Time		<input type="radio"/> PRN		Hours Available			
Are you a citizen of the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Full Name					Relationship					
Company					Phone					
Full Name					Relationship					
Company					Phone					

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PLEASE LIST ANY SPECIAL SKILL OR CERTIFICATIONS	
RN or LVN License #	Expiration:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
This company does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.	
I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause.	
Signature	Date