

EMPLOYMENT APPLICATION

1.

Employer: Metro Pediatrics P.C.
Address: 401 Valley Ave
City/State/Zip: Birmingham, Alabama 35209
Telephone: (205)941-1414

It is the policy of Metro Pediatrics P.C. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.

Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

3.

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

4.

Job Position Applied For: _____

5.

Salary Desired: \$ _____ per _____

6.

Referral Source: Who referred you to our company?

7.

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

8.

Are you at least 18 years old? _____ Yes _____ No

9.

How will you get to work? _____

10.

Driver's License Number: _____

What state issued your license? _____

11.

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

12.

If you are offered employment, when would you be available to begin work?

13.

Are you legally eligible for employment in the United States? _____ Yes _____ No

14.

Are you able to perform the essential functions of the job position with

or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

15.

Have you ever been convicted of any crime, including traffic violations?

_____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC
BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

16.

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

17.

Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Diploma? ____ Yes ____ No

College Name and Address

Did you receive a degree? ____ Yes ____ No If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

18.

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Word Processing	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

19.

References: List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

20.

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Metro Pediatrics P.C. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Office Manager, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Metro Pediatrics P.C., except in a specific written contract of employment signed on behalf of the organization by its Office Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE