



An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

**Please read before filling out this application**

Haywood Pediatric & Adolescent Medicine Group, PA (Hereafter known as Haywood Pediatrics) does not discriminate in hiring or employment on the basis of race, color, sex, sexual orientation, religion, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Haywood Pediatrics intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that Haywood Pediatrics reactivate your application for another thirty days.

**Personal Data**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Are you 18 years or older?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, explain \_\_\_\_\_

(A "yes" answer to this question does not necessarily preclude consideration for employment)

**Educational Data**

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12												1 2 3 4 5					1 2 3 4			
Grade, Junior High or High School												College or University					Graduate School			
Type of School	Name of School					Location					Major Subject or Course of Study					Did You Graduate?				
High School																				
College																				
Business or Trade School																				
Correspondence School																				
Other (Specify)																				
Graduate School																				

List Degree(s) Obtained:

## References

Give three references who are not relatives or former employers.				
Name	Occupation	Years Known	Phone	Address

## Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Haywood Pediatrics my record, reason for leaving and all information they may have concerning me, and hereby release them and Haywood Pediatrics from all liability for any damages whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Haywood Pediatrics with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Haywood Pediatrics, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity, back ground check and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Haywood Pediatrics, I agree to abide by all the present and subsequently issued rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_