



Renaissance Pediatrics

**APPLICATION FOR
EMPLOYMENT**

Renaissance Pediatrics, P.C. is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment in any manner as prescribed by law.

Name: _____ **SSN** _____ - _____ - _____
Last First M.I.

Address: _____ **Phone #:** _____
Street City/State Zip Code

Position Applying For: _____ **Please Attach Resume.**

EMPLOYMENT HISTORY

(List last three jobs, and if applicable, any additional jobs held during the last three years)

Employer:	Supervisor:	Dates Employed From: To:
Address:		Telephone No:
Job Title:		Starting Salary: Ending:
Work Performed:		Reason for Leaving:

Employer:	Supervisor:	Dates Employed From: To:
Address:		Telephone No:
Job Title:		Starting Salary: Ending:
Work Performed:		Reason for Leaving:

Employer:	Supervisor:	Dates Employed From: To:
Address:		Telephone No:
Job Title:		Starting Salary: Ending:
Work Performed:		Reason for Leaving:

EDUCATION

School	Print Name, Number and Street, City, State and Zip Code for Each School	# Yrs. Completed	Degree/Major	GPA/Honors
High School				

College				
Graduate School				

Applicant Name _____

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List any professional certifications and licenses held:

CERTIFICATION/LICENSE	ISSUED BY	DATE

List any job-related skills or qualifications that support your application: _____

Do you have a non-solicitation or non-compete agreement with any prior employer? _____

Have you filed an application with this Practice before? If yes, give date: _____

May we contact your present employer? (Y) ___ (N) ___ Date available for work: _____

Referred by whom? _____ Do you have a relative working with the Practice? (Y) ___ (N) ___

List three individuals (not relatives or former employers) who have known you for at least two years.

NAME	ADDRESS AND TELEPHONE	OCCUPATION/COMPANY

NOTICE TO APPLICANTS

Renaissance Pediatrics, P.C. (the “Practice”) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, sex, age, disability, or other status protected by law.

The contents of any employee handbook, policies and procedures, or benefits offered to eligible, full time or part-time, regular employees are subject to amendment, alteration, or abolishment of any or all of these policies and benefits as circumstances warrant with or without advance notice to employees, other than as may be required by law.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Practice and myself for either employment or for the providing of any

benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Practice.

Signature: _____ Date: _____
Applicant Name _____ Page 3

APPLICANT'S STATEMENT

If I am offered and accept employment with Renaissance Pediatrics, P.C., I understand that my employment is at-will and that as such the Practice and I each remain free to terminate our employment relationship, with or without advance notice for any reason or for no reason at all. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or employment related material) does not constitute an employment contract or modification of the at-will employment relationship between the employer and myself. Only the Practice Administrator of the Practice has authority to modify the at-will nature of employment or to modify any policy. Any such modification to the at-will status must be in writing as an express amendment to the at-will policy and signed by the Administrator in order to be enforceable.

I have read, understand, and agree to adhere by the policies as set forth in this application and other employment related materials in the event I am offered employment. Should I be offered employment I understand that my employment will be contingent upon the satisfactory completion and maintenance of all contingencies required for the position.

I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may be cause for dismissal at any time without any previous notice.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, licensing agencies, boards and associations, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify the Practice, its officers, directors and agents, and authorized representatives from any claims or liability as a result of such contact. I also hereby release employers, schools, agencies, boards, associations, reporting entities and other persons from all liability in responding to inquiries in connection with this application.

Signature: _____ Date: _____

Print Name: _____