



## APPLICATION FOR EMPLOYMENT

White's Pediatrics is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, or veteran status.

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume").

### **GENERAL INFORMATION**

Position Applying For:	Name (Last, First, Middle):	Other Names Under Which You Have Been Employed:	
Street Address:		City, State & Zip	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any current White's Pediatrics employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is their name and relationship to you?		

### **EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of graduation	Degree Received
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

College:		<input type="checkbox"/> Yes			
		<input type="checkbox"/> No			
Other credentials/licenses/professional affiliations which are relevant to the job for which you are applying:					

**SKILLS:** Please list all technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).


**WORK EXPERIENCE:** Please detail your **entire** work history. Begin with your **current or most recent** employer and work backwards in time. If you held multiple positions with the same organization, detail each position separately. **Attach additional sheets if necessary.** Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

**PLEASE NOTE:** White's Pediatrics reserves the right to contact all current or former employers for reference information.

Dates Employed:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title:
Organization Name & Address:		
Starting Salary:	Final Salary:	
Supervisor's Name, Title, and Phone #:		
Other Reference Name, Title and Phone #:		
Contact My References: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate		
Primary Duties:		
Reason for Leaving:		
Dates Employed:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title:

Organization Name & Address:		
Starting Salary:	Final Salary:	
Supervisor's Name, Title, and Phone #:		
Other Reference Name, Title and Phone #:		
Contact My References: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate		
Primary Duties:		
Reason for Leaving:		

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize White's Pediatrics to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquires in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of White's Pediatrics serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 days of regular employment represent a probationary period, during which I would not be eligible for any benefits.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_