

APPLICATION FOR EMPLOYMENT

EMPLOYERS USE ONLY: Department _____ Starting Date _____ Pay _____ Full / Part time
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NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 65 years of age.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME:	LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE	ZIP CODE

How long have you lived at the above address? YEARS MONTHS Telephone # (____) _____

PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
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How long did you live at the above address? YEARS MONTHS

Position applied for? _____ Date you can start? _____ Salary desired? _____

Are you applying for Full Time Part Time Temporary? Referred by _____

If a license or certification is required for the position for which you are applying, please list the following:
 License/Cert Number: _____ License/Cert Type: _____ State of Issuance: _____

If related to anyone in this organization, please give name: _____

EDUCATION

SCHOOLING	NAME AND LOCATION OF SCHOOL	FROM	TO	GRADUATE	
		MO-YEAR	MO-YEAR	YES	NO
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
VOCATIONAL, BUSINESS OR MILITARY (SPECIFY)					

List your computer and any other skills that you may have that would benefit your performance in the position you are applying for: _____

FORMER EMPLOYMENT HISTORY

Please list your previous five employers, starting with your last employer first.

DATE	NAME AND ADDRESS OF EMPLOYER	PHONE #	POSITION	SALARY	REASON FOR LEAVING
(1) to					
(2) to					
(3) to					
(4) to					

Have you ever lost time from work because of an accident? Yes No If yes, explain _____

Have you ever applied to this company before? Yes No If yes, when? _____

Are you now employed? Yes No If yes, where? _____

Have you ever been convicted of a crime other than a traffic offense, had adjudication of a crime withheld, pled nolo contendere, or are currently being charged for a crime not yet adjudicated? Yes No

If yes, state the nature of the offense and the date the event took place. (Answering yes will not necessarily be a bar to employment. Each action/explanation will be weighed/considered in relationship to the position for which you are applying) _____

May we inquire of your present employer? Yes No If yes, contact _____ phone _____

IN CASE OF EMERGENCY NOTIFY (NAME, ADDRESS, PHONE)

I certify that all the information on this application, my resume, and all supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

I certify that all the information on this application, my resume, and all supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer, or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, my employment can be terminated at any time, with or without any reason. I further understand that if hired, my employment is at will.

I authorize Black Hills Pediatrics, L.L.P., or its agents to investigate all statements contained in this application and/or resume. I further understand that a credit and background check may be made including, but not limited to, consumer credit history, driving record, reputation, and mode of living. I hereby authorize my former employers, educational institutions, and individuals named to furnish all information pertaining to my work and educational record. I release my former employers, educational institutions, supervisors, co-workers, and references from all liability as a result of furnishing information to Black Hills Pediatrics, L.L.P., and their agents. I further release Black Hills Pediatrics, L.L.P., and their agents from any liability as the result of such contacts and in connection with obtaining any credit and background checks. Should a credit report be requested, I understand and agree that a separate authorization form will be utilized, as required by law.

If required by law, a copy of this report will be provided to me. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and agree that, as a condition of employment, I may be required to sign a non-compete agreement and/or a conflict of interest statement.

I understand that Black Hills Pediatrics, L.L.P., may now have, or may establish a drug-free workplace or a post-accident drug-testing program. If Black Hills Pediatrics, L.L.P., has one now or implements one in the future, and I am offered a conditional offer of employment, I agree to work under the conditions requiring a drug-free workplace. I also understand and agree that I may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol and/or drugs as a condition of continued at-will employment, and following any work-related injury. I also agree to undergo random, fitness-for-duty, return-to-work, and reasonable-suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination.

I understand Black Hills Pediatrics, L.L.P., hires only U.S. citizens or individuals who are legally eligible to work in the United States.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from Black Hills Pediatrics, L.L.P., and still wish to be considered for employment, it will be necessary for you to complete a new application.

Applicant Signature _____ Date _____