



Florida Drug Free Workplace

**Island Coast Pediatrics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex (gender), national origin, age, disability, or marital status, veteran status or any other legally protected status.
If you are disabled and need reasonable accommodation to complete the application process, you are requested to inform us so that we can address your needs.**

Application of Employment

Applicant Demographics

Date of Application / /	Position Desired:	Social Security # - -
Last Name:	First:	Initial:
Address:		Apt/Unit/#
City:	State:	Zip: Home Phone:
Cell Phone:	Email:	State:

Applicant Questions

Referral Source: (How did you hear about this position?)	
Date available to start? / /	What is your desired salary range? \$
Are you over 18 years old? Yes No	Have you ever apply here before? Yes No Year?
Are you legally eligible for employment in the United States? Yes No (If offered employment, you will be required to provide documentation to verify eligibility)	
Have you ever been employed with Island Coast Pediatrics before? Yes No Year?	
Are you able to perform the essential requirements of the job with or without reasonable accommodation? Yes No	
Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes No	
Please state the particulars: Charge: _____ Date: _____ Disposition: _____ Sentence: _____ (A criminal record will not necessarily be a bar to employment)	
Are you now on Probation? Yes No Probation Period:	
Have you ever been sued for causing the death of, or injury to any person or damage to any property (e.g., for assault, battery, defamation, ect.)? Yes No If yes, Date: Please explain the nature of the claims in the lawsuit(s) or Disposition(s): _____	
Previous Military Service? Yes No Branch:	

Honorable Discharge? Yes No

Employment Experience

Begin with your present or most recent job. Include military service assignments and volunteer activities. For any unemployed or self-employed periods, show dates and locations. Resumes may be submitted, but cannot be used in lieu of completing this section of the application. All employer-related information required must be furnished for the last ten (10) years, including gaps in employment. If you need additional space, please continue on a separate sheet of paper.

Employer:	Phone ()	Dates employed:	to
Address:	City:	State	Zip:

Job Title:	Supervisor:	
Starting Salary:\$	Final Salary:\$	Reason for Leaving?

Work Performed:

Employer:	Phone ()	Dates employed:	to
Address:	City:	State	Address:

Job Title:	Supervisor:	
Starting Salary:\$	Final Salary:\$	Reason for Leaving?

Work Performed:

Employer:	Phone ()	Dates employed:	to
Address:	City:	State	Address:

Job Title:	Supervisor:	
Starting Salary:\$	Final Salary:\$	Reason for Leaving?

Work Performed:

Does your present employer know you are currently seeking other employment? Yes No

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other previous experience:

Educational Background

	Elementary	High School	College/University	Vocational/Technical
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 +	
Diploma/Degree				
Course of Study				
Specialized Training, Apprenticeships, Skills				

List any honors received: _____

Skills and Qualifications

List any special training, skills, licenses, or certifications:

State any additional information you feel may be helpful to us in considering your application: _____

Professional or Work References:

Please list three references. Include the name, title, address, phone, relationship not related to you or a previous employer.

1.

2.

3.

Applicant's Statement:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, in order to retain necessary flexibility in its policies and procedures, we reserve the right to modify, change, add to, disregard, suspend or cancel at any time without notice all or any part of the policies, procedures, benefits or other terms or conditions of employment at will as circumstances may require.

I understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. (Other than its President, in writing) has the authority to enter into any agreement for employment for any specified period of time (except in the case of temporary employees), or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____