



# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Yrs at \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ 18 Years or Older Y N

Prior Address if less than 2 yrs at current \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position desired \_\_\_\_\_ Date you can start work \_\_\_\_\_

Circle One Full Time (32 to 40 hours per week) or Part Time (8 to 24 hours per week)

How did you here about Valley of the Sun Pediatrics? \_\_\_\_\_

## EMPLOYMENT HISTORY (Last three employers starting with the last one)

Start Date	End Date	Name and Address	Salary	Position	Reason for Leaving

Can we contact your current employer? Y N

If yes, provide contact name and phone \_\_\_\_\_



Level	Name and Location	# Years	Did You Graduate	Degree, Major, Key Subjects
High School				
College				
Trade, Business or Other				

**REFERENCES** (Names of three people, not related to you, that you have known at least two years)

Name	Address	Phone	Business or Personal	Years Known

**GENERAL INFORMATION**

Identify special skills or study relevant to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I agree to take a drug test as a condition of employment. I am not prevented from lawful employment in the United States because of visa or immigration status. I authorize investigation of all statements contained in this application and agree that the references and former employers provided may be contacted for employment verification and other pertinent information. I understand that all offers of employment will be made in writing and signed by the companies President. In consideration of my employment, I agree to conform to the companies rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the companies option.

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