



North Florida Pediatrics

APPLICATION FOR EMPLOYMENT

Applicant Name: _____	
Date of Application Submission: _____	Position Applying For: _____

PERSONAL:

- Present Address _____
- City _____ State _____ Zip Code _____ County _____
- E-mail Address _____ Cell Phone _____
- Telephone No. (____) _____ Alternate No. (____) _____
- Date Available _____ Anticipated Pay: \$ _____ Are you over 18? _____
- Are you eligible for employment in the US? _____ (Proof of citizenship or immigration status will be required upon employment)
- You are applying for: ___ Full Time ___ Part Time ___ Any
- Indicate Hours Available for Work: ___ Mornings ___ Afternoons ___ Evenings ___ Weekends ___ Holidays
- Days Available: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday
- Have you been employed here before? ___ Yes ___ No If yes, when? _____
- Please state your name and positions held if previously employed by North Florida Pediatrics:

- How were you referred to NFP? _____
- Have you previously applied to NFP? ___ Yes ___ No If yes, when? _____
- Please List any Special Skills and Abilities:

- Are you related to any employee of NFP? ___ Yes ___ No If yes, state name, relationship, and department: _____
- Have you ever worked or attended school under another name? ___ Yes ___ No If yes, please explain: _____
- Have you the legal right to remain and work in the U.S and after employment, can you submit legal verification of your legal right to work in the U.S? _____
- Have you ever been sanctioned by the Office of Inspector General of the Dept of Health & Human Services (HHS/OIG) or the Government Services Admin (GSA) or excluded or suspended from participation in any federal or state health care program? ___ Yes ___ No If yes, please explain: _____
- Do you have any restrictions or obligations that would prevent you from: Working overtime or working consistently? ___ Yes ___ No If yes, please explain: _____

EMPLOYMENT HISTORY

Beginning with your most recent position, list all previous employment. Please give complete and accurate information. False statements or omissions will make you ineligible for employment. Your offering wage will be determined according to experience noted on this application.

NOTE: A resume of your employment will not be accepted in lieu of filling out section below, but may be included as a supplement. Please account for any time gaps between jobs. If more space is necessary, use an additional sheet.

(A)	Employer Name/ Address		Phone#:	
	Job Title	Supervisor Name	Dates Employed (MM/YY) From: To:	Salary: (Beginning/Ending) /
	Description of Duties		Reason for Leaving	

(B)	Employer Name/ Address		Phone#:	
	Job Title	Supervisor Name	Dates Employed (MM/YY) From: To:	Salary: (Beginning/Ending) /
	Description of Duties		Reason for Leaving	

(C)	Employer Name/ Address		Phone#:	
	Job Title	Supervisor Name	Dates Employed (MM/YY) From: To:	Salary: (Beginning/Ending) /
	Description of Duties		Reason for Leaving	

(D)	Employer Name/ Address		Phone#:	
	Job Title	Supervisor Name	Dates Employed (MM/YY) From: To:	Salary: (Beginning/Ending) /
	Description of Duties		Reason for Leaving	

*Have you ever been convicted by Federal, State, or other law enforcement authorities for any violation of federal law, state law, county or municipal law, regulation, or ordinance? This includes pending convictions, plea of nolo contendere, deferred adjudication, adjudication withheld, adjudication withheld and pardoned, including all felonies, misdemeanors, and traffic violation, excluding traffic misdemeanor convictions?

_____ Yes _____ No. If yes, give complete details: (Date, Place, Charges, Disposition, etc)

Note: We perform extensive background checks. Failure to provide requested information, misrepresentation, or providing false information is falsification and will disqualify an applicant or lead to termination of employment.

EDUCATION

Type of School	Name and Address	# Years Completed	Degree Received	Major	Did you Graduate?
High School or GED					
College or University					
College or University					
School of Nursing or Technical School					
Other (Specify)					

PROFESSIONAL REGISTRATION

Please list any professional registrations, certifications, or licenses you currently possess or have applied for:

TYPE	NUMBER	STATE	ORIGINAL ISSUE DATE	EXPIRATION DATE

REFERENCES

NAME	TITLE	EMAIL	PHONE NUMBER
1			
2			
3			

***By signing below, I acknowledge that all information provided in this application is true and correct, and I agree to the terms of this employment application.**

 Applicant Signature

 Date