Name:			Today's Date:	FOR OFFICE USE ONLY
Last	First	MI		1 st Interview
Position Desired: 1.				date
2.				2 nd Interview
3.				date
4.				
5				

Unifour Pediatrics, PA

Susan H. Huffman, Practice Manager P.O. Box 1347 Hickory, North Carolina 28603-1347 e-mail: employment@UnifourPeds.com

EMPLOYMENT APPLICATION FORM

USE INK, PLEASE PRINT

Position desired: 1			2.		Date available:					_	
Name:		First			Home P	ome Phone: () Work Phone: ())	_		
Last		First		MI							
Address:Street		C	ity	State		Zip	Social	Security #:			-
Are you at least 16 years of	of age? ☐ Yes ☐ No.	Do you	have a legal right	to work i	n the U.S.?						
					n the e.s						
Have you ever been convi Conviction of a felony is not	cted of a felony? TY6 an automatic bar to emp	es 🏻 No 🏻 If yes, lovment. We will co	, explain briefly _ onsider relevant fac	ts and circ	umstances su	rrounding the	conviction.)				-
	r										_
WHAT HOURS CAN YO	DU WORK? □ Weel	kdays 🗖 Early E	venings Weekday	s 🗖 Soi	ne Saturday	vs 8-10AM	☐ Some Sur	idays 8-10AM	☐ Flexible		
AVAILABILITY? □ F	Fulltime (40 hrs./wk.)	☐ Part-time (# o	of hours per week	desired _)	□ Regula:	r 🗖 Temp	orary	ner Only	☐ On Call	
TO BE COMPLETED	BY REGISTERED,	LICENSED, OR	CERTIFIED AI	PPLICAN	NTS:		Office 1	Use Only:			_
State	Original No.	Curre	ent No.		Expiration	on Date	Ver	rification			
				<u>'</u>							
May we contact your pre		obs with most cur Yes □ No	rent listed first,	include n	nilitary ser	vice. Please	e complete th	is section even if	submitting a	a resume.	
Name of Company		103 1110		2			3		4		_
Address – Street											
City, State, Zip											
Phone (include Area Code)	()	Salar	у	()		Salary	()	Salary	()	Salary	
Your job title		•	# hrs. per week		-	# hrs. per wk		# hrs. per wk		# hrs. per wk	
Supervisor			1							-	
Summary of											
job duties											
and responsibilities											
	_										
Dates employed	From	to		From	to		From	to	From	to	
Reason for leaving											
Office Use Only											

EDUCATION	Name/Address	Circle last year completed	Dates Graduated YES N		NO	Degree/Major		
High School / G.E.D.		9 10 11 12		ILS	110			
College		1 2 3 4 5 6						
Graduate School		1 2 3 4						
Nursing School		1 2 3 4						
Vocational, Technical								
Business, Military								
Other								
OFFICE & COMPUTER SKILLS SUMMARY FOR OFFICE STAFF AND CLINICAL Typing Speed Word Processing Speed Transcription Speed Transcr								
List all other word processing, database a	and other software with which you are proficie	ent						
	· · · ·	ent						
REFERENCES: Work or Education rel	ated. (Please do not list relatives.)		Occupation			Office Use Only:		
	· · · ·	Phone (daytime)	Occupation			Office Use Only: Reference Requested		
REFERENCES: Work or Education rel	ated. (Please do not list relatives.)		Occupation					
REFERENCES: Work or Education rel	ated. (Please do not list relatives.)		Occupation					
REFERENCES: Work or Education rel Name 1.	ated. (Please do not list relatives.)		Occupation					
REFERENCES: Work or Education rel Name 1. 2. 3. AGREEMENT	ated. (Please do not list relatives.) Address ontained in this application. I understand that misr	Phone (daytime) () ()		ction with r	ny applica	Reference Requested		
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REFERENCES: Work or Education relation Name 1. 2. 3. AGREEMENT I authorize the investigation of all statements of sufficient cause, in and of itself, for rejection of I understand and agree that any offer of employ verification, reference checks and any investigation, reference checks and any investigation of the investi	ated. (Please do not list relatives.) Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Address Ontained in this application. I understand that mism of dismissal whenever discovered. Ontained in this application of dismissal whenever discovered.	Phone (daytime) () () () representation or omission of it f a pre-employment investigat employment will be for an int for any or no reason. I furthe the President's authorized represidents and that while Unifour Ped	definite period of timer understand that, if sentative, and that no diatrics PA supports	ne and will hired, my a represental current pol-	nited to educe the "at will to emptive of Unicies and	Reference Requested ation and/or interview will be ducation and work history I", which means ployment status		

AN EQUAL OPPORTUNITY EMPLOYER

Race:

White

Alaskan Native

Unifour Pediatrics PA does not discriminate against employees on the grounds of race, creed, color, religion, age, sex, disability, national origin, ancestry, public assistance status, affectional preference or marital status. Individuals will not be excluded from employment rights, participation in, or be denied the benefits of, or be otherwise subjected to discrimination under any program service or activity under the provisions of any and all applicable federal, state, and local laws against discrimination. This information is needed to determine how effective our recruiting efforts are in the community and other areas; to validate our selection procedures, and to meet the reporting requirements of the Federal law. The answers to these questions will not be placed in your personnel file and will not be given to any person involved in making a hiring or promotional decision.

Applicant Name: _			FOR OFFICE USE		
	Last	First	MI	Additional Dates/Positions Applied for:	
Positions applying	for:			Pr .	
1		Date:			
2.		Date:			
Zip Code of addres	ss currently residing	y:			

Sex: Male Female **How did you learn about the job?**

Telephone inquiry

Walk-in School/College placement office

Other

BlackEmployment agencyJob fairHispanicWant adsTourAsian/Pacific IslanderPrior employee of Dr. MillsapsRehire

American Indian and/or Parent of patient of Dr. Millsaps Employee referral

UP(8-05)

Disabled:

Yes

No