the Pediatric Grou	лb
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EMPLOYMENT APPLICATION

Please complete all sections

The Pediatric Group[®] is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or local law.

GENERAL INFORMATION							
Last Name		First Name Middle			Date:		
Street Address	Street Address				Home Phone:		
					Cell Phone:		
City, State			Zip Code		Email Address:		
Referral Source (p	lease check the appr	opriate box and nam	e the source if applic	able):			
□ Walk-in □ Advertisement □ Website □ Employee □ Other					Other		
		EMPLC	YMENT INFORM	ATION			
Position Desired			Location Desired				
Salary Desired Date Available to Start							
DAYS AND HOURS DESIRED A: AVAILABLE ANYTIME U: UNAVAILABLE							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Have you ever worked for or applied for employment with the Pediatric Group, Nighttime Pediatrics and Adult Care too/Nighttime Care Centers or Ancillary Services, Inc.? Yes No I If yes, where and when							
Are you legally eligible to work in the US? Yes □ No □ (All new hires will be required to provide proof of eligibility to work in the US)				If you are under 18 years of age, do you have a work permit? Yes □ No □			
Have you ever been convicted of a criminal offense (other than a minor traffic violation)? Yes \Box No \Box If yes, list the date, place of conviction, charge and disposition of each case. A conviction will not necessarily disqualify you for employment.							
EDUCATIONAL HISTORY							
NAME AND LOCATION			Years Completed	Did You Graduate?	Subjects Studied & Degrees Received		
High School							
College							
Post College							
	rrespondence School						
List skills, education	al training, honors, lice	enses, certifications or	activities, relevant to the	ne position you are s	eeking:		

EMPLOYMENT HISTORY					
List last four employers, starting with current or most recent. Please include any unpaid/volunteer experience related to the job for which you are applying. This section may not be omitted by attaching a resume.					
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving	
То		Starting Ending			
Duties Performed					
Supervisor's Name	Phone Number	r	May We Contact?	ontact? Yes 🗆 No 🗆	
From	(Nama and Addara)		Position	Deeren fan Leastine	
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving	
То		Starting Ending			
Duties Performed					
Supervisor's Name	Phone Number	r	May We Contact?	Yes 🗆 No 🗆	
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving	
		Starting			
То		Ending			
Duties Performed	I				
Supervisor's Name	Phone Number	r	May We Contact?	Yes 🗆 No 🗆	
			1		
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving	
		Starting			
То		Ending			
Duties Performed					
Supervisor's Name	Phone Number	r	May We Contact?	Yes 🗆 No 🗆	
Explain any gaps in en	nployment, other than those due to personal illness, inju	ury or disability:			
If not addressed above	, have you ever been fired or asked to resign from a job	D? Yes ∐ No ∐	If yes, please explain	:	

Have you ever visited The Pediatric Group? If so, where? Describe your experience				
Why would you like to work for The Pediatric Group?				
PROFESSIONAL REFERENCES				
Provide three professional references whom you have known at least one year.				
Name	Phone Number	Company/Title	Relationship to You	Number of Years Known

APPLICANT PLEASE READ THIS STATEMENT AND SIGN

I HEREBY AUTHORIZE The Pediatric Group to thoroughly investigate my background, reference, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by The Pediatric Group to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of The Pediatric Group. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate The Pediatric Group to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or The Pediatric Group at any time without prior notice for any reason. I understand under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take, a lie detector or similar test. An employer who violates that law is guilty of misdemeanor and subject to a fine not exceeding \$100.

Signature

Date

COMPANY USE ONLY				
PHONE INTERVIEW	SECOND INTERVIEW			
Date Contacted	Date of Second Interview			
Pass to First Interview Yes D No D	Interviewer			
Date of First Interview	No Offer Offer			
Interviewer	Position			
Pass to Second Interview Yes □ No □	Location			
	Starting Salary			
	Start Date			