



# JMA Pediatrics

Jeffers, Mann & Artman

## EMPLOYMENT APPLICATION

### PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of birth (only if under 18 years of age) \_\_\_\_\_

### EMPLOYMENT – COVID vaccine required to be considered for employment

What position are you applying for? \_\_\_\_\_

Do you want to work: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Specific days and hours \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

Date available for work \_\_\_\_\_

Circle the highest level or equivalent completed:

|             |              |       |
|-------------|--------------|-------|
| High School | College/Tech | Other |
| 9 10 11 12  | 1 2 3 4      | _____ |

Name of college, university or voc-tech attended \_\_\_\_\_

Are you currently a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of institution \_\_\_\_\_

Jeffers, Mann & Artman Pediatrics executes a background investigation of all applicants being considered for employment. Is there anything we should know that may possibly be reported as part of this background investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS**

Registered Nurse \_\_\_\_\_

NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_

Renewal License No. \_\_\_\_\_

Licensed Practical Nurse \_\_\_\_\_

NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_

Renewal License No. \_\_\_\_\_

Other \_\_\_\_\_

NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_

Renewal License No. \_\_\_\_\_

Professional (not social or civic) organizations to which you belong: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any restriction(s) on your nursing license/certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE** (List in order – current/last employer first)

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_

Description of work responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

If currently employed, may we contact this employer Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_

Description of work responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_

Description of work responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_, Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Organization \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Organization \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Organization \_\_\_\_\_

**PLEASE READ CAREFULLY**

I understand that the employer follows an employment-at-will policy in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant