

# The Carithers Pediatric Group

## PERSONAL INFORMATION

Last Name		First Name	Middle Initial
Street Address			Home Phone
City	State	Zip Code	Social Security Number
Position Desired			

<input type="checkbox"/> Full-time	Shift Preference	Salary Desired	Are you 18 or over?
<input type="checkbox"/> Part-time	<input type="checkbox"/> Days		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours per week	<input type="checkbox"/> Evenings	\$ _____	

Have you ever been convicted, pled guilty or no contest to a misdemeanor or a felony? Omit minor traffic violations. (Please note: A history of conviction(s) will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

Yes  No If yes, provide dates and explain below:

Are you legally authorized to work in the U.S.? Proof will be required.  Yes  No

Source of Referral:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Agency/Serch Firm	<input type="checkbox"/> Job Fair/Open House	<input type="checkbox"/> Employee Referral:
<input type="checkbox"/> Friend	<input type="checkbox"/> College Relations	<input type="checkbox"/> Other	Name: _____

## EDUCATION

Name and location of High School \_\_\_\_\_ Diplomas or \_\_\_\_\_  
equivalent received  Yes  No

Name and location of college or university Degree GPA Courses of study \_\_\_\_\_

Name and location of college or university Degree GPA Courses of study \_\_\_\_\_

Business, Technical/Vocational, Corresopndence, etc. Certificate # of credits Subject \_\_\_\_\_

Describe any other speciallized training or qualification relating to this position (such as seminars, military, professional affiliation, certificates or awards) \_\_\_\_\_

List professional licenses/certificates Expiration date \_\_\_\_\_

## BUSINESS EQUIPMENT AND SKILLS

Equipment Operated		Business Skills	
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word Processor	<input type="checkbox"/> 10 Key by Touch	<input type="checkbox"/> Programming Languages
<input type="checkbox"/> Computer Terminal	<input type="checkbox"/> Other _____	<input type="checkbox"/> Data Entry Speed	<input type="checkbox"/> Accounting/Bookkeeping
<input type="checkbox"/> Software		<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Medical Terminology
		<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Other

## REFERENCES

Please list business or work related references and their relationship to you.

Name	Business Relationship	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**EMPLOYMENT RECORD**

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Instructions:     • Please complete the following information in full. Do not use resume in place of information on the application.  
                  • List most recent job first.

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Dates of employment: From	To	Title of position	
Name of Employing firm		Type of Business	Telephone number
Street Address, City, State, Zip Code		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part Time
Supervisor		Salary: Stating \$	Final \$
Description of duties		Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average annual incentive \$
Reason for leaving			

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Dates of employment: From	To	Title of position	
Name of Employing firm		Type of Business	Telephone number
Street Address, City, State, Zip Code		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part Time
Supervisor		Salary: Stating \$	Final \$
Description of duties		Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average annual incentive \$
Reason for leaving			

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Dates of employment: From	To	Title of position	
Name of Employing firm		Type of Business	Telephone number
Street Address, City, State, Zip Code		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part Time
Supervisor		Salary: Stating \$	Final \$
Description of duties		Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average annual incentive \$
Reason for leaving			

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If you have been unemployed for period of three consecutive months or more within the pas five years, please provide the dates of unemployment and an explanation below:

## **AUTHORIZATION AND ACKNOWLEDGMENT**

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The information I have provided in this application is true and correct. I understand if I have misrepresented or falsified information in this application (or in any accompanying document or resume which I may submit in support of this application) or if I have omitted any material facts, I will not be considered for employment by The Carithers Pediatric Group. If I have been hired by the Carithers Pediatric Group and any misrepresentation, falsification, or omission is discovered after I have begun employment, I understand my employment by The Carithers Pediatric Group is subject to immediate termination.

I authorize The Carithers Pediatric Group to conduct an inquiry into the information contained in this application if I am considered for employment. I authorize my current and former employers and educational institutions to provide information about me in connection with this application from all liability for issuing such information. I hereby waive any privilege I may have to such information. I also understand that my employment is conditioned upon positive references.

I understand nothing contained in this employment application or interview, and no Carithers Pediatric Group policies, procedures, correspondence or handbooks that I might receive constitute a contract or promise of employment or employment for any specified period of time. I further understand that no Carithers Pediatric Group policies, procedures, correspondence, handbooks establish any specific terms or conditions of employment between myself and The Carithers Pediatric Group, I understand the employment relationship is "at will," which means if an employment relationship is established, The Carithers Pediatric Group or I may terminate the employment relationship at any time and for any reason, with or without notice or prior discipline.

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Applicant's Signature

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Today's Date

## **VOLUNTARY PRE-EMPLOYMENT INFORMATION FORM**

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The Carithers Pediatric Group is committed to equal employment opportunity for all applicant without regard to race, color, creed, religion, sex, age, marital status, national origin, status as a Vietnam Era Veteran or disabled veteran, disability, sexual orientation or status with regard to public assistance, or any other characteristic protected under federal, state, or local law. To help us comply with federal and state reporting and record keeping requirements, we ask that you complete the following information. This information will not be used during the hiring process and will be kept confidential. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment.

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_

- Race/Ethnic Group:
- White
  - Black
  - Hispanic
  - American Indian/Alaska Native
  - Asian/Pacific Islander

- Sex:
- Male
  - Female

**THE CARITHIERS PEDIATRIC GROUP, PC**  
**AUTHORIZATION FORM FOR CONSUMER REPORTS**

In connection with your application for employment consumer reports or investigative consumer reports, that may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience information along with reasons for termination from past employment. Information from various Federal, State, local and other agencies that contain your past activities will be requested.

By signing below, you authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You also authorize ongoing procurement of such reports at any time during your employment (or contract). Further, you agree that a fax or photocopy of this authorization, with your signature will be accepted with the same authority as the original.

You have the right to make a request of First Advantage/HireCheck, Inc., upon proper identification and the payment of any legally permissible fees, for information in its files on you at the time of your request.

You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage/HireCheck, Inc. with any and all background information in their possession regarding you, so your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check here.  If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, mode of living or personal characteristics is obtained without using a consumer reporting agency, you will be provided a copy of the public record information within seven (7) days of the employer's receipt unless you check this box waiving your right to obtain a copy of the consumer report.

Print your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Prior Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prior Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prior Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*The following is for identification purposes only to perform the background check.*

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_  
Other or Former Names: \_\_\_\_\_  
Professional License: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

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