

EMPLOYEE APPLICATION FORM:

Name _____ Date: _____

Address _____

Telephone: Work _____ Home _____ Cell _____

Place of Birth _____ Citizenship _____ Social Security # _____

Month and Day of Birth (Not Year) _____

Spouse Name _____ Spouse's Occupation _____

Children's Names _____

Other Family (Parents/Siblings) _____

Please state briefly your career goals for the next five years:

Have you ever been convicted of a felony? _____yes _____no

Do you have any problem with substance abuse that has interfered or potentially could interfere with your work? _____yes _____no

Have you ever been arrested? _____yes _____no

Please explain any yes answers on the reverse side of this form.

I attest that I have honestly and accurately given the information requested. I understand that false answers to these questions is grounds for termination. I understand that any favorable hiring decision is contingent on favorable results of reference checks.

I hereby give permission for a criminal background check _____yes _____no

Signed _____ Date _____

PLEASE SEND YOUR APPLICATION BY:

FAX: (706) 272-3832

MAIL: 1933 Shields Rd. Front Office - Attn: Jennifer Hosford
Dalton, GA 30720 Nurses – Attn: Ragen Brewer

EMAIL: Front Office : jennhosford@pedscare.com
Nurses: ragenbrewer@pedscare.com