

**EMPLOYEE APPLICATION FORM:**

**Please download and complete this form to be considered for employment with Peds Care, P.C. Instructions for submitting the form are below.**

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 explain any yes answers here.

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**PLEASE SEND YOUR APPLICATION BY:**

FAX: (706) 272-3832

MAIL: 1933 Shields Rd. Front Office  
Dalton, GA 30720 Nurses

Attn: Jennifer Hosford

Attn: Ragen Brewer

EMAIL: Front Office : [jennhosford@pedscare.com](mailto:jennhosford@pedscare.com)

Nurses: [ragenbrewer@pedscare.com](mailto:ragenbrewer@pedscare.com)