



Integrative Pediatrics: Employment Application

Applications remain active on file for 60 days from date of submission. All applicants are subject to background check and reference verification. Applications are considered only when accompanied by a signature, resume, and cover letter.

Date _____ / _____ / _____

Personal Information

First Name	Last Name	M.I.	Preferred Name
_____ / _____ / _____	_____ - _____ - _____		_____ <u>Y</u> / <u>N</u>
Date of Birth	Social Security Number	Authorized to work in USA?	
_____ - _____ - _____	_____ - _____ - _____		
Primary Phone Number	Alternative Phone Number		
_____ - _____ - _____	_____ - _____ - _____		

Home Address	City	State	Zip Code
_____	_____	_____	_____

E-mail Address _____

Position Request

Position Applying For:

- Provider (specify _____)
 - o MD, DO, NP, PA, LAc., PT, DC, etc.
- Nursing staff (specify _____)
 - o RN, LPN, CMA, etc.
- Reception/Insurance Specialist/Medical Records
- Billing
- Other (specify _____)

Hours Desired:

- Full-time: 32-40 hours per week
- Part-time: Indicate # of hours per week: _____
- On-call
- Other (specify _____)

Pay Required:

\$ _____ per _____

Pay Desired:

\$ _____ per _____

Employment History

Please complete the following table with your most recent employment information and upload attachments:

- Current Resume
- Cover Letter
 - o Specify reason for applying and experience with informed consent and alternative and integrative healthcare

Name of Employer		
Employer Address		
Employer Phone Number		
Name of Supervisor		
Position/Title Held		
Employment Dates	From:	To:
Pay/Salary	Start:	Final:
Reason for Leaving		
May we contact employer?		
Name of Employer		
Employer Address		
Employer Phone Number		
Name of Supervisor		
Position/Title Held		
Employment Dates	From:	To:
Pay/Salary	Start:	Final:
Reason for Leaving		
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Position/Title Held		
Employment Dates	From:	To:
Pay/Salary	Start:	Final:
Reason for Leaving		
May we contact employer?		

Education

Type of School	School Name	Location	# of Years Completed	Major or Degree Earned
High School				
College				
Business/Trade School				
Professional School				

Professional References

All references are subject to verification.

Name	
Company	
Time Known	
Phone Number	
E-mail Address	
Name	
Company	
Time Known	
Phone Number	
E-mail Address	
Name	
Company	
Time Known	
Phone Number	
E-mail Address	

All Applicants

Computer Skills: PC Mac Typing: _____WPM 10-key: _____KPM

Microsoft Office: Outlook E-mail (level:_____) Word (level:_____) Excel (level:_____)

EMR (specify systems): _____

Other Skills: _____

All Applicants, cont'd

Anything else you would like to share about your skills or experience not addressed above or in the cover letter?

Clinical Applicants Only

Please attach a copy of your license or certificate

What is your license or certificate for? _____ Issuing State: _____ #: _____ exp. _____

Do you have any clinical certifications or additional licenses? DEA (#: _____ exp. _____)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> BCLS (exp. _____) | <input type="checkbox"/> CST (exp. _____) | <input type="checkbox"/> BLS |
| <input type="checkbox"/> ACLS (exp. _____) | <input type="checkbox"/> PALS (exp. _____) | (exp. _____) |
| <input type="checkbox"/> CNOR (exp. _____) | <input type="checkbox"/> CPR (exp. _____) | <input type="checkbox"/> Other: _____ |

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by ***Integrative Pediatrics*** (hereafter called the "Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for, or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ***Integrative Pediatrics***, or otherwise to change, in any respect, the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by President/Administrator of the Company. Both the undersigned and ***Integrative Pediatrics*** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures, and such changes may include reduction in benefits or employed hours.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. This information is true and correct to the best of my understanding.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.