

Application For Employment

Hudson Valley Pediatrics

100 Crystal Run Road, Suite 107

Middletown, NY 10941

(845) 692-6996 Phone

(845) 692-2286 Fax

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	Date
Street Address			Home Phone
City	State	Zip Code	Social Security Number
Position Desired			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ Hours per week	Shift Preference <input type="checkbox"/> Days <input type="checkbox"/> Evenings	Salary Desired \$ _____	Available for work on: _____
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 bar employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates and explain below:			
Are you legally authorized to work in the U.S.? Proof will be required. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to travel <input type="checkbox"/> Yes <input type="checkbox"/> No	State geographic preference, if any:		
Source of Referral: <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency/Search 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		Diploma or equivalent received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and location of college or university	Degree	GPA	Courses of study
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Business, Technical/Vocational, Correspondence, etc.	Certificate or # of credits	Subject	
Describe any other specialized training or qualifications relating to this position (such as seminars, military, professional affiliations, certificates or awards)			
List professional licenses/certificates		Expiration date	
BUSINESS EQUIPMENT AND SKILLS			
<u>Equipment Operated</u>		<u>Business Skills</u>	
<input type="checkbox"/> Calculator <input type="checkbox"/> Computer Terminal (CRT) <input type="checkbox"/> Personal Computer <input type="checkbox"/> Software	<input type="checkbox"/> Word Processor <input type="checkbox"/> Other _____	<input type="checkbox"/> 10 Key by Touch <input type="checkbox"/> Data Entry Speed <input type="checkbox"/> Typing _____wpm <input type="checkbox"/> Dictaphone	<input type="checkbox"/> Programming Languages <input type="checkbox"/> Accounting/Bookkeeping <input type="checkbox"/> Medical Terminology <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. _____	_____	_____	

EMPLOYMENT RECORD**Instructions:**

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

Dates of employment: From _____ To _____	Title of Positions	
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: Starting \$ _____	Final \$ _____
Description of duties	Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average annual incentive \$ _____
Reason for leaving		

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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: Starting \$ _____	Final \$ _____
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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: Starting \$ _____	Final \$ _____
Description of duties	Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average annual incentive \$ _____
Reason for leaving		

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

AUTHORIZATION AND ACKNOWLEDGMENT

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 Hudson Valley Pediatrics. If I have been hired by Hudson Valley Pediatrics, and any misrepresentation, falsification, or omission is discovered after I have begun employment, I understand my employment by Hudson Valley Pediatrics is subject to immediate termination.

I authorize Hudson Valley Pediatrics 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. I hereby release all employers, education institutions or other individuals or entities, which may 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 Hudson Valley Pediatrics 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 Hudson Valley Pediatrics policies, procedures, correspondence, or handbooks establish any specific terms or conditions of employment between Hudson Valley Pediatrics and myself. I understand that the employment relationship is “at will,” which means that if an employment relationship is established Hudson Valley Pediatrics or I may terminate the employment relationship at any time and for any reason, with or without notice or prior discipline.

Applicant’s Signature

Today’s Date

VOLUNTARY PRE-EMPLOYMENT INFORMATION FORM

Hudson Valley Pediatrics is committed to equal employment opportunity for all applicants 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