

# EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Home/cell phone number \_\_\_\_\_

Present Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Position applied for \_\_\_\_\_ Date Available \_\_\_\_\_

Are you applying for: Full time Part time Temporary Salary Desired \_\_\_\_\_

Are you willing to work:

	<u>Yes</u>	<u>No</u>
Overtime (over 40 hrs/week)	_____	_____
Rotating Shifts	_____	_____
Evenings	_____	_____
Weekends	_____	_____

List any special skills you may have or any foreign languages you speak: \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Do you have any relative working in this organization? (please name) \_\_\_\_\_

Have you ever been employed by this organization? (when?) \_\_\_\_\_

List any military service: branch \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ highest rank obtained \_\_\_\_\_

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under current state and/or federal law? Yes No

Since reaching age 18 have you been convicted of any crime? (Note: You are not required to disclose a sealed criminal record. Convictions will not necessarily bar you from employment and are reviewed as related to the job.) Yes No

If yes, please explain: \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_  
Course of study \_\_\_\_\_ Diploma/Degree \_\_\_\_\_ Graduate? Yes No

College \_\_\_\_\_ Address \_\_\_\_\_  
Course of study \_\_\_\_\_ Diploma/Degree \_\_\_\_\_ Graduate? Yes No

Business/Tech. or Professional \_\_\_\_\_ Address \_\_\_\_\_  
Course of study \_\_\_\_\_ Diploma/Degree \_\_\_\_\_ Graduate? Yes No

## PROFESSIONAL LICENSES/CERTIFICATIONS

Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Registration number: \_\_\_\_\_  
Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Registration number: \_\_\_\_\_

REMARKS: (make any comments you feel are pertinent to your application)

\_\_\_\_\_

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence or character as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is "at will". Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in separate contract.

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

**PREVIOUS EXPERIENCE** - begin with most recent employment

**EMPLOYER** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Ending wage \_\_\_\_\_ (hourly, monthly or yearly)  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Ending wage \_\_\_\_\_ (hourly, monthly or yearly)  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Ending wage \_\_\_\_\_ (hourly, monthly or yearly)  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Ending wage \_\_\_\_\_ (hourly, monthly or yearly)  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**REFERENCES**

**Name** \_\_\_\_\_ **Company** \_\_\_\_\_  
**Work Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Company** \_\_\_\_\_  
**Work Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Company** \_\_\_\_\_  
**Work Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

- > May we contact your previous employers listed above? \_\_\_\_\_
- > Has notice been given to current employer? \_\_\_\_\_
- > What other names have you been employed under? \_\_\_\_\_



William P. Swisher, M.D., F.A.A.P.

Douglas D. Ebers, M.D., F.A.A.P.

Jeffrey J. David, M.D., F.A.A.P.

Kurstin L. Friesen, M.D., F.A.A.P.

Michael J. Germer, M.D., F.A.A.P.

Joel A. Greisen, M.D., F.A.A.P.

Kay L. Anderson, M.D., F.A.A.P., IBCLC

Heather A. Dews, M.D., F.A.A.P.

Jason J. Davis, M.D., F.A.A.P.

Carrie A. Dell, M.D., F.A.A.P.

Phillip T. Boucher, M.D., F.A.A.P.

Dallas D. Schlegel, P.A.-C

Julie E. Timme, P.A.-C

Becky D. Waegli, P.A.-C

Valerie A. Vernon, P.A.-C

Maureen G. Garvin, P.A.-C

## LINCOLN PEDIATRIC GROUP

### APPLICANT REFERENCE CHECK AUTHORIZATION FORM

I, \_\_\_\_\_,  
(print your name)

hereby give consent to any and all previous employers of mine to provide information with regard to my employment with previous employers to Lincoln Pediatric Group.

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(today's date)

\*\* This authorization form expires 6 months after the date it is signed.\*\*

*Comprehensive Care for Infants, Children and Adolescents*

Lincoln Pediatric Group, LLC

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[www.lincolnpedsgroup.com](http://www.lincolnpedsgroup.com)