

Date: _____

Name: _____
Last First MI Maiden (If Applicable)

Social Security #: _____ - _____ - _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Do you have the right to work in the United States? Yes No

Position(s) applied for (1) _____ (2) _____

Do you prefer: Full-Time OR Part-Time Desired Rate of Pay _____

Do you own a car? Yes No Distance willing to travel: _____

Do you currently have a valid Driver's License? Yes No

Are you at least 18 years of age? Yes No

What is the earliest date you are available for work? _____

Please specify the times and days that you are available for work

From:

To:

Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Education

Check highest level completed.

10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School	Location	Attended		Grad?		Type of Degree or Diploma
		From	To	YES	NO	
High School /GED				YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	
College/University				YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	
Graduate of Professional School				YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	
Vocational/ Technical School				YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	

List specific courses, workshops or training you have had that are related to the position for which you are applying: _____

Experience:

Check the following experiences you have working in this field:

- Children
- Persons with Medical Problems
- Persons with Financial Challenges
- Fast Paced Work Environment
- Other, Please Specify: _____

Skills: Check the following skills/certifications you have:

- CPR Exp. Date _____
- First Aid Exp. Date _____
- NCI / CPI / Mandt / PCM Exp. Date _____
- Sign Language
- Foreign Language (please specify) _____
- CNA/ STNA / LPN (please circle) Licensure _____
- Other, Please Specify: _____
- Typing WPM _____

Employment History

Describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes No Please wait until I am a finalist.

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		

- Have you lived in the State of Idaho for the past 5 years? Yes No
- Are you related, by blood or marriage, to any person now working at Lakeside Peds? Yes No
(If yes, give name, relationship to you and the department where employed.)
_____.
- Have you worked under any other name? Yes No (Required for verifying education, work records and references.) If yes, please give list _____
- Have you ever work for another medical office not listed in work history? Yes No
- Have you ever been dismissed or requested resignation due to abuse, neglect, or any act of aggression? Yes No
- Have you ever been convicted of a felony? Yes No
- Other than minor traffic violations, have you ever been convicted of a misdemeanor? Yes No
 - If yes (to felony or misdemeanor), please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment considerations. _____

- Have you ever held a position of trust (handling money or confidential material)? Yes No
- Have you ever been reported to the ODODD Abuse Registry? Yes No
- Have you ever been reported to the ODH Nurse Aide Registry? Yes No

References:

List individuals familiar with your capabilities.
Do not list relatives or supervisors previously noted under employment.

Name	Years Known	Organization Posit	Address	Phone

(Please sign the following Statements of Attestation so that we may verify past employment)

Statements of Attestation:

Lakeside Pediatric & Adolescent Medicine PLLC (LSP) is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state, federal equal opportunity laws.

Please initial beside each statement. Your initials are indicative of understanding and agreement.

____ I attest I have never been convicted of or pled guilty to any offenses that would disqualify me from employment with Right at Home. (See attached list for disqualifying offenses)

____ LSP intends to check and hold me responsible for the accuracy of the statements made on this application. Any material misrepresentation or deliberate omission of a fact in the application may be justification for refusal of, or if employed, termination from employment.

____ LSP will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Right at Home and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired may subject me to immediate dismissal.

____ To submit to drug screening by a qualified physician at the discretion of my employer. I understand that submitting to a drug screen may be required as part of the pre-employment process and can be given at any time during my employment. I do understand that failure to submit to any drug screen is cause for immediate dismissal and a negative result can result in disciplinary action including termination.

____ That, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.

____ This is an application for employment and in no way an employment contract is offered or implied.

____ If I become employed, such employment is for no definite period of time and that LSP may change wages, benefits and conditions of employment at any time.

____ If I become employed or receive a job status change after employment, I will serve a 90-day probationary employment period.

____ If hired, you will be asked to sign a confidentiality agreement and a non-compete agreement under company policy.

____ If considered a candidate for employment, I understand I may be asked to provide the following: Proof of Residency for the past 5 years and a notarized statement regarding my residency status.

I have read, understand, and agree to the above conditions.

Signature

Date

This application will be kept in our active file for 30 days. You must reactivate your application after that time by reapplying.