

Application for Employment



Wheaton Pediatrics, Ltd

55 E. Loop Road, Suite 301 Wheaton, IL 60189
Phone: 630-690-7300 Fax: 630-690-7335
www.wheatonpediatrics.com

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position (s) applied for: _____ Date of application: _____

Type of employment desired: Full-Time Part-Time Temporary Internship Other _____

Referral source: _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone HOME () _____ CELLULAR () _____ WORK () _____
OTHER () _____ E-MAIL ADDRESS _____

The best time to reach you is: (Home) _____ am/pm (Work) _____ am/pm Please do not call me at work

Have you submitted an application here before? Yes No If yes, give dates: _____

Have you ever been employed here before? Yes No If yes, give dates: _____

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No If no, please explain _____

Have you ever been bonded: Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No If yes, please explain _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMATIZE THE TYPE OF WORK PERFORMAED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMATIZE THE TYPE OF WORK PERFORMAED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMATIZE THE TYPE OF WORK PERFORMAED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB RELATED

A List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any D. Grade Point Average or Class Rank E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

ORGANIZATION	OFFICES HELD

List Special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

TO BE COMPLETED AFTER EMPLOYMENT INTERVIEW

The responsibilities of the position have been described to me.

- There is no reason that I will not be able to perform the duties of the position.
- I would need the following reasonable accommodations: _____

-
- I am unable to perform the duties of the position and wish to no longer be considered for the position I have applied for.

Signature of Applicant _____ Date _____