



EMPLOYMENT APPLICATION

Date: _____

The information requested on this application must be completed thoroughly and accurately. All information supplied will be verified for accuracy. Inaccurate information could result in the withdrawal of an offer or termination of employment.

Pediatric Plus Home Healthcare Services "Pediatric Plus" is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, national origin, ancestry, religion, age, citizenship, sex, marital or veteran status, national origin, disability or handicap, genetic information, sexual orientation or any other basis prohibited by applicable law. Pediatric Plus also takes affirmative action to employ, and advance in employment, qualified women, minorities and covered veterans. Pediatric Plus also makes reasonable accommodations for qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA), ADAAA, and applicable state laws.

Last Name:	First Name:	Middle Initial:	
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Present Address:	Telephone Number: () -
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Personal Email Address:	Work Telephone Number: () -
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Position Desired:	Full-Time Part-Time	Salary Desired:	Willing to Travel? Yes No
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Are you at least 18 years or older? Yes No	Are you either a US Citizen or do you currently have unrestricted authorization to work for any employer in the US? Yes No
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List current or most recent employer first. Please note that base salary does not include bonus, commission, benefits, overtime, or other salary incentives. Identify all period of time during which you were employed or attending school. (e.g., military services). Please account for your entire employment history for the past seven years (including volunteer positions). Attach additional sheets of paper, if necessary.

Name of Employer:	Your Position:	Hire Date:	Termination Date:	Starting Salary:
Supervisor's Name and Title:	Supervisor's Phone: () -	City/State	Commision Salary:	Last Base Salary:

Description of Duties:

Reason for Leaving:

Name of Employer:	Your Position:	Hire Date:	Termination Date:	Starting Salary:
Supervisor's Name and Title:	Supervisor's Phone: () -	City/State	Commision Salary:	Last Base Salary:

Description of Duties:

Reason for Leaving:

Name of Employer:	Your Position:	Hire Date:	Termination Date:	Starting Salary:
Supervisor's Name and Title:	Supervisor's Phone: () -	City/State	Commision Salary:	Last Base Salary:

Description of Duties:

Reason for Leaving:

May we contact your present employer? Yes No If you have selected No, please note that your current Employer will be contacted if you have been offered and accepted a position and after you have given notice of resignation.

Schools	Name / City and State	Areas of Study	# of Years Completed	Did you Graduate?	Degree Awarded
High School					
College/University					
Graduate, Business or Other					
Professional Licenses or Certifications:		Relevant Office Skills/Software:			
Language Proficiencies (read/speak/write):		Referred by: Job Posting	Internet	College Job Fair	
		Current employee referral	Former employee referral		
Are you related to a current employee of Pediatric Plus? Yes No If yes, please provide employee's name and your relationship. This information will be used for job placement purposes, consistent with laws.		Have you ever been employed by Pediatric Plus? Yes No If yes, please provide dates and position held.			
Have you ever been convicted of, plead guilty, or have pending criminal charges of a felony or misdemeanor (exclude minor traffic offenses or convictions which have been sealed or expunged)? Yes No If yes, please provide explanation. A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent consistent with applicable law.					
Have you been convicted of Medicare or Medicaid Healthcare Fraud? Yes No If yes, please provide explanation.		Are you on the OIG Exclusion List? Yes No If yes, please provide explanation.			
False application: False answers or omissions to questions or false statements or omissions made on this application, during interviews or in your resume, or in supplement thereto, including, but not limited to, with respect to duties, responsibilities, job title, education or salary and bonus information, may invalidate your application or, if you are hired, may be grounds for discharge from employment.					
Employment is "At Will" : Employment at Pediatric Plus is for an indefinite and unspecified duration. If you are hired, you may leave employment at will, and Pediatric Plus may discharge you or any or all other employees at any time, without notice, and for any reason not prohibited by law. The preceding sentence may not be changed or superseded by any oral or written statement, Pediatric Plus manual, policy, or benefit plan, any may only be changed or superceded by: 1) A special written agreement specifying in detail the duration and terms of your employment, which has been executed by you and executive officer of Pediatric Plus, or 2) A written, formal restatement of the employment relationship by an executive officer of Pediatric Plus. Pediatric Plus disavows any oral or any other written statements to the contrary and you should not now or in the future rely on any such statements with respect to your employment					
Code of Conduct: If hired, Pediatric Plus will require you to comply with its Code of Business Conduct & Ethics. The Code addresses issues such as but not limited to: workplace principles; potential and actual conflicts of interest and corporate opportunities; protection and proper use of Pediatric Plus assets; compliance with laws and regulations; questionable payments; political contributions; securities transactions; directorships and positions with other organizations and businesses; and media relations. You will receive a hard copy summary of this Code along with any formal offer of employment.					
Handbooks, Manuals, Policies, Procedures, Benefits, Etc.: Pediatric Plus Healthcare Services may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy, procedure, practice, condition, or process affecting employees. Descriptions of these that may be contained in any handbook, manual, policy, and the like are for informational purposes and are not intended to be, nor should they be construed to constitute, an employment contract, an offer of initial or continuing employment, or a promise or a guarantee made by Pediatric Plus.					
Immigration Reform and Control ACT (IRCA): This federal law prohibits the employment of unauthorized aliens and further requires that, if you are hired , Pediatric Plus verify your identity and your authority to work in the United States on a Form I-9, even if you are a U.S. Citizen. New employees must complete on or by day one and the form must be complete within three days from when you begin employment. You are responsible for obtaining and providing the documentation required to perform the verification. Failure to provide required information will result in termination of employment. Information concerning the verification procedure and requirements is available upon request.					
Authorization: I voluntarily give Pediatric Plus or its authorized agent the right to make any investigation of my background deemed necessary by them including, but not limited to, my present and former employment, my education, my credentials, and my personal or professional references; and I hereby authorize those persons or institutions contacted by Pediatric Plus or its agents to provide the information requested, including the reasons for termination of my employment, work performance, and other information pertinent to my qualifications for employment. Any offer of employment is contingent upon the successful completion of Pediatric Plus's total pre-employment screening process.					
Applicant's Signature/Acknowledgement:			Date:		