



Employment Application

Complete in black ink or type. Fill out the application form completely. If questions do not apply to you, enter "NA". Full Circle Pediatric Solutions is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

Please attach resume to your completed application and email to careers@fullcirclepediatric.com

I. APPLICANT INFORMATION		
Last Name:	First:	Middle:
Street Address:		
City:	State:	Zip:
Today's Date:	Cell:	Email:
Please Answer YES or NO for the following questions:		
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to the question above, please explain in detail on a separate page, giving dates and nature of the offense.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime involving sexual abuse or molestation of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If your answer is yes to the question above, please explain in detail on a separate page, giving dates and nature of the offense.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you willing to submit to and pass a criminal background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II. POSITION INFORMATION

What position are you applying for?			
How did you hear about this position?			
Do you wish to work full or part time?	Full Time	<input type="checkbox"/>	If Part Time, how many hours per week:
	Part Time	<input type="checkbox"/>	
What date are you available to start?			

Please indicate your available schedule below:

MONDAYS	
TUESDAYS	
WEDNESDAYS	
THURSDAYS	
FRIDAYS	
SATURDAYS	
SUNDAYS	

Special Skills/Training/Qualifications: Please list any job-related training or skills that you possess and all technology that you can use including computer programs:

III. EDUCATION

Type of School	Name	Location	Dates Attended	Date Graduated	Expected Graduation Date	Degree Held
High School						
College						
Graduate School						
Technical/ Vocational Schools						
Other						

If license or certificate is required for desired position, please complete information below:

License/Certification	Date Issued	Date Expires	Issued by/location of issuing authority or state	License Number

IV. REFERENCES

Please list at least three professional references (one academic reference can be substituted for one professional reference). You consent by completing this form that Full Circle Pediatric Solutions has permission to contact the references listed below.

	Reference 1	Reference 2	Reference 3
Reference Name/Title:			
Address:			
Phone:			
Email Address:			

V. EMPLOYMENT HISTORY

Position Title: _____ Employer: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Employer's Telephone #: _____	Immediate Supervisor Name _____ Title: _____ Supervisor's Phone #: _____
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Starting Date:			Leaving Date:			Reason for Leaving:		
Month	Day	Year	Month	Day	Year			

Summary of experience in this position including special skills and training you have used in the performance of this job:

Position Title: _____ Employer: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Employer's Telephone #: _____	Immediate Supervisor Name _____ Title: _____ Supervisor's Phone #: _____
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Starting Date:			Leaving Date:			Reason for Leaving:		
Month	Day	Year	Month	Day	Year			

Summary of experience in this position including special skills and training you have used in the performance of this job:

Position Title:	_____	Immediate Supervisor Name
Employer:	_____	_____
Mailing Address:	_____	Title:
City	_____	_____
State:	_____	Supervisor's Phone #:
Zip:	_____	_____
Employer's Telephone #:	_____	

Starting Date:			Leaving Date:			Reason for Leaving:
Month	Day	Year	Month	Day	Year	

Summary of experience in this position including special skills and training you have used in the performance of this job:



Position Title:	_____	Immediate Supervisor Name
Employer:	_____	_____
Mailing Address:	_____	Title:
City	_____	_____
State:	_____	Supervisor's Phone #:
Zip:	_____	_____
Employer's Telephone #:	_____	

Starting Date:			Leaving Date:			Reason for Leaving:
Month	Day	Year	Month	Day	Year	

Summary of experience in this position including special skills and training you have used in the performance of this job:

VI. ACKNOWLEDGEMENTS

Can you perform the major job functions as listed in the job description with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodations needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	

I certify that all the information on this application and any supporting documents presented with this application is accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

Full Circle Pediatric Solutions an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. This application or any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement express or implied, with me or any applicant for employment for a specified period of time unless such agreement is in written contract signed by the Owner of the company.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF FULL CIRCLE PEDIATRIC SOLUTIONS. I FURTHER UNDERSTAND THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, WITH THE EXCEPTION OF ITS EMPLOYMENT AT-WILL POLICY.

If hired by Full Circle Pediatric Solutions, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Full Circle Pediatric Solutions employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Printed Name _____

Applicant Signature _____ Date: _____