



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

I. APPLICANT INFORMATION		
Last Name:	First Name:	Middle:
Street Address:		
City:	State:	Zip:
Today's Date:	Cell Phone:	Email:

Please Answer YES or NO to the following questions		
Are you at least 18 years of age?	Yes	No
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? <i>If you answered yes, please explain in detail on a separate page, giving dates and nature of the offense.</i>	Yes	No
Have you ever been convicted of a crime involving sexual abuse or molestation of a child? <i>If you answered yes, please explain in detail on a separate page, giving dates and nature of the offense.</i>	Yes	No
If hired, are you willing to submit to and pass a criminal background check?	Yes	No
Are you a citizen of the United States and authorized to work in the United States?	Yes	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?	
What date are you available to start?	

Please indicate your available schedule below			
Monday:		Thursday:	
Tuesday:		Friday:	
Wednesday:			

III. EDUCATION				
	Name of Institute	Location	Dates Attended	Date Graduated or Expected Graduation
High School				
Undergraduate				
Graduate				
Tech/Vocational				

If license or certificate is required for desired position, please complete information below:				
License/Certification	Date Issued	Date Expires	Issuing board/authority and state	License Number

IV. REFERENCES			
Please list <u>at least three</u> professional references (minimum of one reference must be a current or previous supervisor. By completing this form, you consent that Full Circle Pediatric Solutions has permission to contact the references listed below.			
	Reference #1	Reference #2	Reference #3
Reference Name/Title:			
Phone:			
Email Address: (Required)			

V. EMPLOYMENT HISTORY			
Position Title:		Supervisor Name:	
Employer:		Title:	
Dates of Employment:		Phone Number:	
Reason for Leaving:			

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

Position Title:		Supervisor Name:	
Employer:		Title:	
Dates of Employment:		Phone Number:	
Reason for Leaving:			
Summary of experience in this position including special skills and training you have used in the performance of this job:			

Position Title:		Supervisor Name:	
Employer:		Title:	
Dates of Employment:		Phone Number:	
Reason for Leaving:			
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 jobdescription with or without reasonable accommodations?	Yes	No
Accommodations needed?	Yes	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. 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