

# Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

## I. Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

**Position Applied For:** \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

\_\_\_\_\_

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

\_\_\_\_\_

3. How were you referred to (Company)? \_\_\_\_\_

4. Have you ever been convicted of a felony?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## II. Educational History

School Name/Location	Years Completed	Degree/Diploma
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High School \_\_\_\_\_

College \_\_\_\_\_

Tech. Training \_\_\_\_\_

Other \_\_\_\_\_



**IV. References Continued** *Please do not include relatives or former employers*

2. \_\_\_\_\_  
Name Years Known  
\_\_\_\_\_  
Address Telephone  
\_\_\_\_\_  
Occupation

3. \_\_\_\_\_  
Name Years Known  
\_\_\_\_\_  
Address Telephone  
\_\_\_\_\_  
Occupation

**V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?  
\_\_\_\_\_
2. Do you have any objection to working overtime? ( ) Yes ( ) No  
3. Can you work overtime without prior notice? ( ) Yes ( ) No  
4. Can you work on Saturday? ( ) Yes ( ) No  
5. Can you work on Sunday? ( ) Yes ( ) No  
6. Can you travel if required by this position? ( ) Yes ( ) No

**VI. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

**Mesa Pediatrics Professional Association  
Background Research Release**

**Please read this section carefully and acknowledge your understanding by signing your name in the space below.**

**1. Consent To Conduct Background Investigation**

As a condition of and in consideration for MPPA's consideration of this application, I give permission to MPPA to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to MPPA to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

**2. Consent To Contact Past Employers**

I give permission to MPPA to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with MPPA, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of MPPA. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to MPPA. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

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Applicant's Signature

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Date