

Huntsville Pediatric and Adult Medicine Associates

APPLICATION FOR EMPLOYMENT

(Please complete by hand)

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
 STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? _____

EMAIL ADDRESS: _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?: _____

EMPLOYMENT DESIRED _____ DATE YOU _____ PAY RATE _____
POSITION: _____ CAN START: _____ NEEDED: _____

HOW DID YOU LEARN OF JOB OPPORTUNITIES HERE? _____

WHY ARE YOU CONSIDERING A JOB CHANGE? _____

ARE YOU EMPLOYED NOW? _____ IF EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS CLINIC BEFORE? _____ WHEN? _____

Education	Name & Location of School	No. of Years attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				

SUBJECTS OF SPECIAL STUDY: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.): _____

(EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, or NATION OF ORIGIN OF ITS MEMBERS).

DO YOU TYPE?: _____ IF SO, WHAT SPEED?: _____

EMPLOYERS: (EVEN IF ATTACHING A RESUME, COMPLETE THIS SECTION, LISTING YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST):

DATE	NAME AND CITY OF EMPLOYER	POSITION	PAY RATE	REASON YOU DID LEAVE OR WISH TO LEAVE
From: To:				
From: To:				
From: To:				
From: To:				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB?: _____

For employment application use only: Please list work days and hours that you will make yourself available to work. Weekdays some staff members arrive as early as 6 am and others stay as late as 9:30 pm; Saturday as early as 7:30 am and as late as 8 pm; Sunday as early as 9:30 am and as late as 8 pm. We rely on your availability information in determining whether to hire you. At any point we may schedule you for any of the hours you list here as being available. Any changes in availability will be in effect only if approved in writing by the Clinic Administrator. No one else is authorized to release you from your commitment to be available during the hours you are listing below:

IF STUDENT, PLEASE ALSO INCLUDE AVAILABILITY DURING SCHOOL SESSION IN THE “NOTES” COLUMN.

	<u>Available:</u>	<u>Notes:</u>
Mondays	_____	_____
Tuesdays	_____	_____
Wednesdays	_____	_____
Thursdays	_____	_____
Fridays	_____	_____
Saturdays	_____	_____
Sundays	_____	_____

Total hours available per week _____

Acceptable range (amount) of hours per week _____

IS THE ABOVE LISTED AVAILABILITY LONG TERM? ____ YES ____ NO

IF YOU ANSWERED NO, WHEN DO YOU EXPECT YOUR AVAILABILITY TO CHANGE? _____

DO YOU PLAN TO BE A STUDENT? ____ YES ____ NO

IF STUDENT, WHEN IS EXPECTED GRADUATION DATE: _____

PLEASE LIST ANYONE YOU KNOW THAT WORKS HERE: _____
_____.

REFERENCES: EVEN IF ATTACHING A RESUME, LIST HERE FOUR **WORK** REFERENCES (**YOUR SUPERVISORS**):

SUPERVISORS NAME:	NAME OF BUSINESS:	PHONE NUMBER:
1		
2.		
3		
4.		

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NUMBER

“I certify that all information on or referred to in this application is accurate and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of my police records, driving records, and credit history. I authorize release of this document to the references listed above and/or to any former and current employers. I authorize investigation of all statements contained herein and I authorize any former and current employers and the references listed above to give you any and all information concerning my employment and any information they may have about me. I hereby release all parties from all liability for any damage that may result from furnishing information to you. I understand and agree that, if hired, my work assignments and work hours will be at my employer’s discretion and that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without prior notice and with or without cause. I understand and agree that, if hired, I will come to work on a 90-day probationary period. I confirm that I will be available to work year round. I understand that unless I receive written approval, I will be obligated to work over the Christmas holidays, over Spring Break and throughout the year. I understand that I should not expect to be off from work just because school is out. I am committed to working my schedule consistently throughout the year except when HPAM deems it appropriate to schedule me out of the office. I understand that those who have been employed by HPAM longer than me will likely get preferential treatment in scheduling time off. If hired full time, I agree that my work hours will be at my employer’s discretion and will normally range between 36 and 40 hours per week.”

DATE: _____ SIGNATURE: _____

“I authorize H.P.A.M. to communicate to me by normal unsecured email, including communicating with me a decision about my employment application.”

DATE: _____ SIGNATURE: _____

1 Percentage:	2 Percentage:	Total Percentage:
Time:	Time:	Time:

Revised: 4-6-17