

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name (<i>first, middle, and last</i>)		Maiden Name (<i>If applicable</i>)	
Address	City	State	Zip
Phone Number	Email Address		
Are you legally eligible to be employed in the United States? <i>Proof of identity and eligibility will be required upon employment.</i>	Yes No	Are you over the age of 18 years?	Yes No
		Are you a Veteran?	Yes No
If selected for employment are you willing to submit to a background check?	Yes No		
If selected for employment are you willing to submit to a drug test?	Yes No		
Have you been employed by Children & Adolescent, P.C. in the past?	Yes No		
If yes, where? _____	When? (Give dates) _____	Job Title: _____	
Are you currently employed?	Yes No		

POSITION

Position You Are Applying For	Available Start Date	Pay Desired \$
Employment Desired	Full-Time Part-Time	Seasonal/Temporary
If you selected Part-Time or Seasonal/Temporary, please list your availability below:		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major
Special Certification	Type/Title	Date Obtained	Expiration Date	



Children & Adolescent Clinic P.C.
 HASTINGS
 2115 North Kansas Avenue. Phone: 402-463-6828
 GRAND ISLAND
 638 North Webb Road. Phone: 308-675-3171
www.caaclinic.com

REFERENCES (Business & Professional Only)

Name	Company	Phone	Email

EMPLOYMENT HISTORY

Most Recent Employer	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them?	Yes	No
Employer 2	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them?	Yes	No
Employer 3	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them?	Yes	No
Employer 4	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them?	Yes	No



ACKNOWLEDGMENT AND AUTHORIZATION

I certify that my answers are true and completed to the best of my knowledge and ability.

I authorize investigation of all statements contained in this application for employment and understand that false or misleading information in my application or interview may result in discharged of employment.

I give Children & Adolescent Clinic, P.C. permission to complete background and reference checks.

Printed Name

Applicant Signature

Date

We are an Equal Opportunity Employer and committed to excellence through diversity.



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