



Lincoln Pediatric Group Employee Application

Personal Information

1. Full Name: _____
2. Address: _____
3. Phone Number: _____
4. Email Address: _____
5. Referred By: _____

Position

1. Position Applied For: _____
2. Are you applying for: Full time/Part time/PRN? _____
3. Desired Salary: \$ _____
4. Date Available to Start: _____
5. Are you legally eligible to work in the U.S.? (Yes/No) _____
6. Since reaching age 18 have you ever been convicted of a crime? *(Note: You are not required to disclose a sealed criminal record. Convictions will not necessarily bar you from employment, but are reviewed as related to job title.)* (Yes/No) _____

If yes, please explain _____

Education

School: Name and Address		Course Of Study	List how many years completed	Did you graduate?	Diploma/Degree
High School					
College					
College					
Business/ Technical/ Professional					

Professional Licenses/Certifications

Type	State	Expiration	Registration Number

List any special skills you may have or any language (other than English) that you are fluent in?:

Professional Experience

1. Employer: _____

- Job Title: _____
- Dates Employed: _____
- Ending Wage _____
- Reason for leaving: _____
- Duties and Responsibilities:

2. Employer: _____

- Job Title: _____
- Dates Employed: _____
- Ending Wage _____
- Reason for leaving: _____
- Duties and Responsibilities:

References

1. Name: _____

- Relationship: _____
- Company: _____
- Phone: _____

2. Name: _____

- Relationship: _____
- Company: _____
- Phone: _____

3. Name: _____

- Relationship: _____
- Company: _____
- Phone: _____

Background Check Consent

- I consent to a background check as part of the hiring process: (Yes/No) _____

Applicant Statement I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature: _____ **Date:** _____