2416 Capstone Court
Columbus, Georgia 31909
706-327-1281
www.rivertownpediatrics.com

Equal access to programs, services and employment is available to all persons without regard to race, color, sex, religion, national origin, age, disability, or other legally protected status. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Rivertown Pediatrics, PC. As an Equal Opportunity employer, we intend to fully comply with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____
Last **First** **Middle** **Maiden**

Present address: _____
Number **Street** **City** **State** **Zip**

Social Security #: _____ **Driver's License:** _____ _____
Number **State** **Exp. Date**

Cell Phone: (____) _____

Home Phone: (_____) _____ **E-Mail:** _____

EMPLOYMENT DESIRED

Position(s) applied for: _____ **When are you available to start work?** _____

Employment desired: ❑**FULL-TIME ONLY** ❑**PART-TIME ONLY**

How did you hear about this employment opportunity? ☐ **Website** ☐ **Internet Posting** ☐ **Walk-in** ☐ **Other:** _____

Are you legally authorized to work in the United States? ❑**Yes** ❑**No**

If you are under 18 years of age, please specify your age: _____ **(This information is used for child labor law purposes only)**

Are there any days or hours you cannot work? ☐ **Yes** ☐ **No**

If yes, please explain:

_____

Are you available to work overtime if required? ☐ **Yes** ☐ **No**

EDUCATION

NAME OF INSTITUTION	Graduated: YES	NO	TYPE OF DEGREE EARNED	NUMBER OF YEARS COMPLETED	Location: City and State
High School:	☐	☐			
College/University:	☐	☐			
Technical or GED:	☐	☐			

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: _____ **Address:** _____ **City, State, Zip:** _____ **Phone number:** _____	**Name of last supervisor**	**Employment dates**	**Pay or salary**
		From **To**	**Start** **Final**
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer: _____ **Address:** _____ **City, State, Zip:** _____ **Phone number:** _____	**Name of last supervisor**	**Employment dates**	**Pay or salary**
		From **To**	**Start** **Final**
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer: _____ **Address:** _____ **City, State, Zip:** _____ **Phone number:** _____	**Name of last supervisor**	**Employment dates**	**Pay or salary**
		From **To**	**Start** **Final**
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Are you currently employed?	❑ **Yes**	❑ **No**
May we contact your present employer?	❑ **Yes**	❑ **No**
Have you ever been discharged or asked to resign from Employment?	❑ **Yes**	❑ **No**
Did you complete this application yourself?	❑ **Yes**	❑ **No**
Have you ever been employed with this company?	❑ **Yes**	❑ **No**
If yes, when? _____ Position: _____		
Do you have any friends or relatives employed by this company?	❑ **Yes**	❑ **No**
If yes, please provide their names and relationship to you. _____		

Have you ever been convicted of a felony?	❑ **Yes**	❑ **No**
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____		

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		**Occupation**
Company name	**Address**	
Telephone	**E-mail**	**Years acquainted**
Name		**Occupation**
Company name	**Address**	
Telephone	**E-mail**	**Years acquainted**
Name		**Occupation**
Company name	**Address**	
Telephone	**E-mail**	**Years acquainted**

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

I understand that if I am employed, any misrepresentations or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand the employer will provide the Social Security Administration and, if necessary, the Department of Homeland Security with information from each new employee's Form I-9 to confirm work authorization. This is done through E-Verify and information will not be used to pre-screen job applicants.

The employer does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant from consideration for employment on a basis of prohibited by local, state, or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

As a condition of employment, I consent to take a pre-employment drug test if requested by Rivertown Pediatrics, PC, the results of which will be treated confidentially. I understand all job applicants and employees are subject to random testing. This employer is committed to a drug-free workplace. Offenders using or possessing illegal drugs will be denied employment and/or subject to termination.

I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

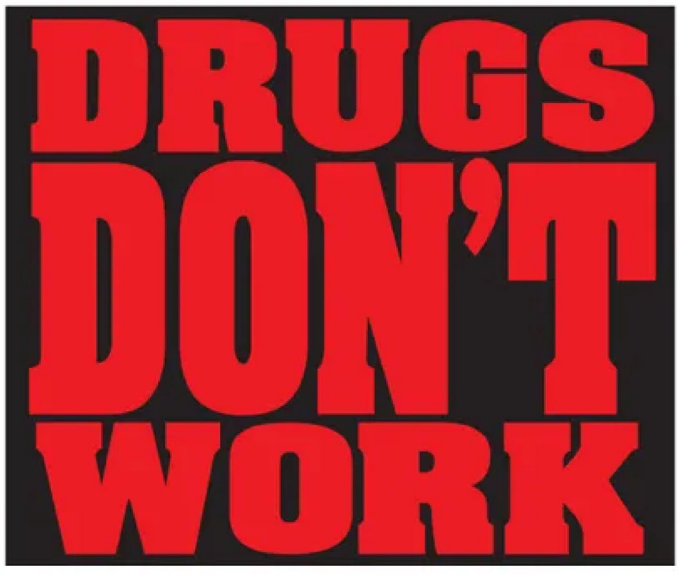
Applicant's Signature_____ **Date:** _____

NOTICE

We are committed to a drug-free workplace

ALL JOB APPLICANTS AND EMPLOYEES ARE SUBJECT TO TESTING

Offenders using or possessing
ILLEGAL DRUGS
will be **denied** employment
and/or subject to **termination!**



This Employer Participates in E-Verify

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

N O T I C E:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218

E-VERIFY IS A SERVICE OF DHS AND SSA