

# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1. Employer Information

Employer: Be Well Pediatrics, P.L.C.  
Address: 700 1st Ave S Suite B  
City/State/ZIP: Altoona, Iowa 50009  
Telephone: 5159678887

It is the policy of Be Well Pediatrics, P.L.C. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

## 3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_

## 4. Job Position Applied For: CMA/Nurse

5. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

7. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

9. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

11. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Computer (Word, Excel, Quickbooks)	_____	1 2 3 4 5
<input type="checkbox"/> Nurse Leadership	_____	1 2 3 4 5
<input type="checkbox"/> Pediatrics	_____	1 2 3 4 5
<input type="checkbox"/> Primary Care	_____	1 2 3 4 5
<input type="checkbox"/> Certifications (ie. BLS)	_____	1 2 3 4 5
<input type="checkbox"/> License (ie. RN)	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

13. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_  
Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received:  
\_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_  
Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_  
Please indicate any current professional licenses or certifications that you hold:

---

Awards, Honors, Special Achievements:

---

14. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_  
\_\_\_\_\_

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Be Well Pediatrics, P.L.C. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE