

EMPLOYMENT HISTORY

List last four employers, starting with current or most recent. Please include any unpaid/volunteer experience related to the job for which you are applying. This section may not be omitted by attaching a resume.

From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving
To		Starting _____ Ending _____		
Duties Performed				
Supervisor's Name		Phone Number	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving
To		Starting _____ Ending _____		
Duties Performed				
Supervisor's Name		Phone Number	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving
To		Starting _____ Ending _____		
Duties Performed				
Supervisor's Name		Phone Number	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From	(Name and Address)	Salary or Hourly	Position	Reason for Leaving
To		Starting _____ Ending _____		
Duties Performed				
Supervisor's Name		Phone Number	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain any gaps in employment, other than those due to personal illness, injury or disability:				
If not addressed above, have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				

Have you ever visited The Pediatric Group? If so, where? Describe your experience

Why would you like to work for The Pediatric Group?

PROFESSIONAL REFERENCES

Provide three professional references whom you have known at least one year.

Name	Phone Number	Company/Title	Relationship to You	Number of Years Known

APPLICANT PLEASE READ THIS STATEMENT AND SIGN

I HEREBY AUTHORIZE The Pediatric Group to thoroughly investigate my background, reference, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by The Pediatric Group to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of The Pediatric Group. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate The Pediatric Group to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or The Pediatric Group at any time without prior notice for any reason. I understand under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take, a lie detector or similar test. An employer who violates that law is guilty of misdemeanor and subject to a fine not exceeding \$100.

Signature

Date

COMPANY USE ONLY

PHONE INTERVIEW	SECOND INTERVIEW
Date Contacted _____	Date of Second Interview _____
Pass to First Interview Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer _____
Date of First Interview _____	No Offer <input type="checkbox"/> Offer <input type="checkbox"/>
Interviewer _____	Position _____
Pass to Second Interview Yes <input type="checkbox"/> No <input type="checkbox"/>	Location _____
	Starting Salary _____
	Start Date _____