



Village Pediatrics, LLC Employment Application Page 1

Name _____

Present Address _____

Present Phone _____ Cell Phone _____

Phone _____

E-mail _____

Are you 18 or older? Yes No If not, birth date (optional): _____ Are you a U.S. citizen? Yes No

Gender (optional): M F

Have you ever worked for Village Pediatrics, LLC?: Yes No If yes, dates and position: _____

Street Address City State Zip
Street Address City State Zip

School Most Recently Attended

Name _____ City/State _____ If

college, major? _____

Graduated? Yes No Now enrolled? Yes No

Employment References

Company _____ Address _____

City _____ State _____ Zip _____

Phone _____ Position _____ Describe main duties _____

Supervisor _____ Dates worked: From _____ to _____

Salary _____ Reason for leaving _____ Do not contact

Company _____ Address _____

City _____ State _____ Zip _____

Phone _____ Position _____ Describe main duties _____

Supervisor _____ Dates worked: From _____ to _____

Salary _____ Reason for leaving _____ Do not contact

Village Pediatrics, LLC Employment Application Page 2

Company _____ Address _____
City _____ State _____ Zip _____
Phone _____ Position _____ Describe main
duties _____
Supervisor _____ Dates worked: From _____
to _____
Salary _____ Reason for
leaving _____ Do not contact

References (one personal, two professional references)

Name _____ Address _____
Phone _____ Email _____ Relationship _____

Name _____ Address _____ Phone _____
Email _____ Relationship _____

Name _____ Address _____
Phone _____ Email _____ Relationship _____

TODAY'S DATE: _____

Organizations and Activities

Please list all clubs, organizations, groups, etc., to which you have belonged in the past five years and/or in which you currently participate:

Criminal Record

Have you ever been convicted of a crime other than a minor traffic offense? If yes, please describe. (Note: A prior conviction is not an automatic bar to

employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.)

Yes No

Explain:

Position for which You are Applying

Please indicate position(s) for which you are applying.

Desired Salary Range? _____ to _____

Personal Essay (Optional)

We realize that a short application such as this one does not necessarily give an accurate picture of an individual. Please write a brief biographical sketch that describes why you believe that you would be an asset to Village Pediatrics, LLC and its staff, what contributions you think you can make to Village Pediatrics, LLC. Thank you.

Village Pediatrics, LLC Employment Application Page 3

**Please return this application to:
APPLICATION ACKNOWLEDGEMENTS**

I hereby give my permission and authorize representatives of Village Pediatrics, LLC to investigate any or all of the statements I have made in this application for employment. I understand that such authorization will allow representatives of Village Pediatrics, LLC to contact any and all of the employers I have listed unless otherwise indicated. I also understand that if I have made any false statements in the application form, or if I omitted any material information that such false statements or omissions may disqualify me from further consideration for employment, or may result in my termination if I have been employed. I understand that federal law requires that I furnish proof of my identity and employment eligibility and that I will be given a list of documents that will satisfy these requirements. I understand that I must furnish these documents prior to or within 72 hours of commencing my employment. I further understand that if I fail to furnish these documents my employment will be terminated. In consideration of my employment, I agree to conform to the rules and regulations of Village Pediatrics, LLC. My employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Village Pediatrics, LLC or myself. I understand that if I am required to be registered and/or licensed I will notify my supervisor immediately if any investigation, probation, limitation or cancellation of my registration and/or license occurs. I understand that if I fail to do so, my employment may be terminated. In the event I am not hired, I understand that my application will be retained for a period of not less than 6 months.
Signature _____ Date _____

Please return this application to:

**Village Pediatrics, LLC
Attention: Janice Cherner, CPC
8340 Mission Road, Suite 100
Prairie Village, KS 66206
Phone: 913-642-2100
Fax: 913-642-2127**

**You may fax this application with your resume
to the above fax number or email to
jcherner@village-pediatrics.com**

Village Pediatrics, LLC is an equal opportunity employer in accordance with the Civil Rights Acts of 1964 and all other federal, state, and local legislation on discrimination. We do not discriminate on the basis of race, color, religions, national origin, marital status, gender, or age. The information requested is needed for bona fide occupational qualification and no other purpose. All information contained herein is strictly confidential.