Application for Employment

Please complete all fields of this form. Incomplete information could disqualify you from further consideration. Once all pages have been completed, you may fax to 503-375-3700 or email to myepez@salempediatricclinic.com.

PERSONAL INFORMATION

Name		Date	
Address	City	State Zi	p
Email			
PHONE: Home	Mobile		
Are you eligible to work in the United States? 🗌 no 🗌	yes		
Are you at least 18 years or older? (If no, you may be requ	uired to provide authorization	i to work.) 🗌 no 🗌 yes	
Have you ever been terminated from employment or as	ked to resign by an employer?	no 🗌 yes I f yes, please pr	ovide
company names and details			
Can you work any shift? 🗌 no 🔲 yes			
Can you work overtime, including weekends? 🗌 no 🗌	yes		
Are you able to perform the essential functions of the job	ו for which you are applying, א	vith or without a reasonable acco	mmodation?
no yes			
Do you have special skills, experience, and/or training th			for?
no yes If yes, explain			
Computer Skills			
			CONTINUED ON NEXT PAGE
		2478 13th Street SE Salem, Oregon 97302	
— 👫 Salem Pedi	atric Clinic	503-362-2481 · Phone	
		503-371-7803 · Fax	

SalemPediatricClinic.com

Application for Employ	/me	FORM 130 - R220126 page 2 of 5
EMPLOYMENT DESIRED		
Position Desired		
Hourly Rate/Salary Desired		
Are you currently employed? no yes Employer		
REFERRAL SOURCE		
How did you hear about us?		
Have you ever worked for Salem Pediatric Clinic before? no yes	lf yes, exp	olain
Do you know anyone who works for Salem Pediatric Clinic? no ye	s If yes, wh	10?
ΕΟυςατιον		
HIGH SCHOOL:		
Name		
City Degree received? no yes	State	Number of Years Attended
COLLEGE/UNIVERSITY:		
Name		
City		
Degree/Certificate Received		
Major/Subjects Studied		
TRADE/BUSINESS/CORRESPONDENCE SCHOOL:		
Name		
City	State	Number of Years Attended
Degree/Certificate Received		
Major/Subjects Studied		
— Salem Pediatric Cl	inic	CONTINUED ON NEXT PAGE Salem, Oregon 97302 503-362-2481 · Phone 503-371-7803 · Fax SalemPediatricClinic.com

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Application for En	nployment		FORM 130 - R220126 page 3 of 5
EMPLOYMENT HISTORY Include your last five years of employment history, in and working backwards in time. Incomplete informat		-	
PERIOD 1:			
From To			
Job Title			
Address			
IMMEDIATE SUPERVISOR: Name			
Summarize the nature of work performed and job response			
PERIOD 2: From To			yed? 🗌 no 🗌 yes
EMPLOYER: Name	Phone		
Address	City	State	Zip
IMMEDIATE SUPERVISOR: Name	Title		
Summarize the nature of work performed and job respons	sibilities		
Reason for leaving			



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Application for Er	nploymen	FORM 130 - R220126 page 4 of 5
PERIOD 3:		
From To		Employed? I no yes
Job Title		
EMPLOYER: Name		
Address		
IMMEDIATE SUPERVISOR: Name Summarize the nature of work performed and job respon		
Reason for leaving		
PERIOD 4:		
From To		Employed?
Job Title		
EMPLOYER: Name	Phone	
Address	City	State Zip
IMMEDIATE SUPERVISOR: Name		
Summarize the nature of work performed and job respon	sibilities	
Reason for leaving		



2478 13th Street SE Salem, Oregon 97302 503-362-2481 · Phone 503-371-7803 · Fax SalemPediatricClinic.com CONTINUED ON NEXT PAGE

Please list three professional references with whom you have worked with below. REFERENCE 1: Name Years Acquainted Phone Email Address City State Zip REFERENCE 2: Name Years Acquainted Phone Phone Email	REFERENCES			
REFERENCE 1: Name				
Name Years Acquainted Phone Email Address City State Zip REFERENCE 2: Name Years Acquainted Phone Address City State Zip Address City State Zip REFERENCE 3: Name Years Acquainted Phone Name Years Acquainted Phone Email Address City State Zip REFERENCE 3: Name Years Acquainted Phone Phone Email Phone Zip State Zip REFERENCE 3: City State Zip State Zip Name Phone Email Zip State Zip State Zip Phone Email City State Zip	Please list three professional references	s with whom you have worked with below	ν.	
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