

# 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 [myopez@salempediatricclinic.com](mailto:myopez@salempediatricclinic.com).

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 required to provide authorization to work.)  no  yes

Have you ever been terminated from employment or asked to resign by an employer?  no  yes If yes, please provide 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 for which you are applying, with or without a reasonable accommodation?  no  yes

Do you have special skills, experience, and/or training that would enhance your ability to perform the position applied for?  no  yes If yes, explain \_\_\_\_\_

Computer Skills \_\_\_\_\_



## Salem Pediatric Clinic

2478 13th Street SE  
Salem, Oregon 97302  
503-362-2481 · Phone  
503-371-7803 · Fax  
[SalemPediatricClinic.com](http://SalemPediatricClinic.com)

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## EMPLOYMENT DESIRED

**Position Desired** \_\_\_\_\_

**Hourly Rate/Salary Desired** \_\_\_\_\_ **Date You Can Start** \_\_\_\_\_

**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 **If yes, explain** \_\_\_\_\_

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

**Do you know anyone who works for Salem Pediatric Clinic?**  no  yes **If yes, who?** \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

### HIGH SCHOOL:

**Name** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Number of Years Attended** \_\_\_\_\_

**Degree received?**  no  yes

### COLLEGE/UNIVERSITY:

**Name** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Number of Years Attended** \_\_\_\_\_

**Degree/Certificate Received** \_\_\_\_\_

**Major/Subjects Studied** \_\_\_\_\_

\_\_\_\_\_

### TRADE/BUSINESS/CORRESPONDENCE SCHOOL:

**Name** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Number of Years Attended** \_\_\_\_\_

**Degree/Certificate Received** \_\_\_\_\_

**Major/Subjects Studied** \_\_\_\_\_

\_\_\_\_\_



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## EMPLOYMENT HISTORY

Include your last five years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

### PERIOD 1:

From \_\_\_\_\_ To \_\_\_\_\_ Employed?  no  yes

Job Title \_\_\_\_\_

EMPLOYER: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMMEDIATE SUPERVISOR: Name \_\_\_\_\_ Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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### PERIOD 2:

From \_\_\_\_\_ To \_\_\_\_\_ Employed?  no  yes

Job Title \_\_\_\_\_

EMPLOYER: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMMEDIATE SUPERVISOR: Name \_\_\_\_\_ Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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**PERIOD 3:**

From \_\_\_\_\_ To \_\_\_\_\_ Employed?  no  yes

Job Title \_\_\_\_\_

EMPLOYER: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMMEDIATE SUPERVISOR: Name \_\_\_\_\_ Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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**PERIOD 4:**

From \_\_\_\_\_ To \_\_\_\_\_ Employed?  no  yes

Job Title \_\_\_\_\_

EMPLOYER: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMMEDIATE SUPERVISOR: Name \_\_\_\_\_ Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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## REFERENCES

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 \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### REFERENCE 3:

Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING:

SALEM PEDIATRIC CLINIC IS AN EQUAL OPPORTUNITY EMPLOYER. SALEM PEDIATRIC CLINIC DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX (INCLUDING SEXUAL HARASSMENT), SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, MILITARY STATUS, OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.

I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR SALEM PEDIATRIC CLINIC TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT EITHER SALEM PEDIATRIC CLINIC OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF SALEM PEDIATRIC CLINIC HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

I ATTEST WITH MY SIGNATURE BELOW THAT I HAVE GIVEN TO SALEM PEDIATRIC CLINIC TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. NO REQUESTED INFORMATION HAS BEEN CONCEALED. I AUTHORIZE SALEM PEDIATRIC CLINIC TO CONTACT REFERENCES PROVIDED FOR EMPLOYMENT REFERENCE CHECKS. IF ANY INFORMATION I HAVE PROVIDED IS UNTRUE, OR IF I HAVE CONCEALED MATERIAL INFORMATION, I UNDERSTAND THAT THIS WILL CONSTITUTE CAUSE FOR THE DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED AND DATED ABOVE.



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