



KidMed, Inc. Employment Application

Name: _____
 LAST FIRST M.I.

Address: _____
 STREET CITY ST ZIP

Phone: _____ E-mail: _____

Position Desired: Front Desk Lab/Patient Care Tech Radiology Tech RN NP PA
 Physician (M.D. & D.O) Other:

Are you authorized to work in the U.S.? Yes No

Are you willing to work overtime as required? Yes No

Are you at least 18 years of age? Yes No

May we contact your present employer? Yes No

Have you ever been employed by KidMed? Yes No

If yes, please list dates of employment, position and supervisor:

Status Desired: Part-Time Full-Time

Salary Desired: _____

Date available to start: _____

Hours of operation:

Richmond Locations:

2pm – 10pm Mon – Thur

2pm - 9pm Fri

10am – 9pm Sat – Sun

Stafford Location:

2pm – 10pm Mon - Thur

2pm - 9pm Fri

10am – 9pm Sat - Sun

Indicate the hours you are available to work:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start:							
Finish:							

Education and Training:

	Name	Location	Graduated	Major	Diploma/Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any certifications/licensures:

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List any professional references i.e. previous or current supervisors/coworkers:

Name & Employer	Dates Known	Relationship	Phone/Email
1.			
2.			
3.			

Work History:

Company Name:	Position:
City/State	Supervisor Name:
Dates of Employment : _____ to _____	Telephone:
Reason for Leaving:	Current Salary:

Company Name:	Position:
City/State	Supervisor Name:
Dates of Employment : _____ to _____	Telephone:
Reason for Leaving:	Current Salary:

Company Name:	Position:
City/State:	Supervisor Name:
Dates of Employment : _____ to _____	Telephone:
Reason for Leaving:	Current Salary:

Company Name:	Position:
City/State:	Supervisor Name:
Dates of Employment : _____ to _____	Telephone:
Reason for Leaving:	Current Salary:

Equal Opportunity Employer

It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

ADA Statement: It is our policy to provide “reasonable accommodation” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Applicant Agreement

The information that I have provided on this application for employment is true and complete to the best of my knowledge.

I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize KidMed, Inc. to make an investigation of any of the facts set forth in this application; including a criminal history and release from any liability both KidMed, Inc. and those who supply reference information and/or verification.

I understand and agree that KidMed, Inc. reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of KidMed, Inc. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to KidMed's expense, or managers.

I authorize KidMed, Inc. to release any and all information about myself, my employment record, or my employment status to any individual organization KidMed, Inc. deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions of this authorization, certification and agreement.

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS

Applicant Signature:

Date: