



## KidMed, Inc. Employment Application

Name: \_\_\_\_\_  
LAST FIRST M.I.

Address: \_\_\_\_\_  
STREET CITY ST ZIP

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Desired:  Patient Registration  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:  Full-Time  Part-Time  PRN

Salary Desired: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Desired Location:  Richmond  Stafford

**Hours of Operation:**

*Richmond and Stafford Locations:*

2pm – 9pm Monday – Friday  
10am – 8pm Saturday – Sunday

**Indicate the hours you are available to work:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Start:</b>							
<b>Finish:</b>							

**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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**Professional references. *Please list at least 1 previous or current supervisor/manager.***

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

**Work History:**

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

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City/State	Supervisor Name:
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Reason for Leaving:	Current Salary:

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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: