



ZÖe  
Pediatrics

# APPLICATION FOR EMPLOYMENT

## Applicant Information: Please read the directions and complete all required information.

Last Name:		First:		M.I.		Date:	
Mailing Address:				City		State Zip	
Permanent Address:				City		State Zip	
Phone Number:		Cell Phone:		Email:			
Position Applying For:			Date Available:		Salary Required:		
Location Applying For: <input type="checkbox"/> Columbus <input type="checkbox"/> Thomaston <input type="checkbox"/> Barnesville Are you willing to commute to each branch location as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If required, can you work the following: Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No							
How did you hear about us? _____						YES	NO
Do you have any relatives employed with ZOe Pediatrics?							
Are you at least 18 years old?							
Do you have reliable transportation to and from work?							
Are you legally eligible to work in the United States?							
Have you ever been convicted, plead guilty or pled no contest to a crime in the past 10 years? (excluding misdemeanors and traffic violations, and any offenses that has not been annulled or expunged by a court of law) If you answered Yes , Please explain: _____ _____ Answering yes, does not mean rejection of employment. Date, seriousness of the offense, rehabilitation, and position applied for will be taken in consideration.							
Are you or have you ever been a registered sex offender with any federal, state, or local government agency, including listed on a public website?							

## Education/Certifications:

Name Of School (City, State)	Dates	Did you graduate	Degree/Certification Obtained
High School/GED:			
College:			
Trade School:			
Other:			
Professional License:			

**Employment History:** Please list most recent employer first and explain all Gaps of Employment for past 5 years

Company Name	Address:	Phone Number:
Dates of Employment: From _____ To _____ Month/Year Month/Year	Position Held:	Previous Salary:
Name/Title of Supervisor:	May we contact this employer? Yes or No	Reason for Leaving:
List Job Responsibilities and Skills in this Position:		
Company Name	Address:	Phone Number:
Dates of Employment: From _____ To _____ Month/Year Month/Year	Position Held:	Previous Salary:
Name/Title of Supervisor:	May we contact this employer? Yes or No	Reason for Leaving:
List Job Responsibilities and Skills in this Position:		
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List Job Responsibilities and Skills in this Position:		
Company Name	Address:	Phone Number:
Dates of Employment: From _____ To _____ Month/Year Month/Year	Position Held:	Previous Salary:
Name/Title of Supervisor:	May we contact this employer? Yes or No	Reason for Leaving:
List Job Responsibilities and Skills in this Position:		

Please explain any gaps of employment in the past 5 years: \_\_\_\_\_

**Military Service:**

Branch of Service:	Date Entered:	Discharge Date:	Rank:
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**Professional References:** Please fill out all 3 professional references.

Name of Reference:	Company/Title:
Address	Email:
Phone	Alternate Phone:
How many years have you known?	
Name of Reference:	Company/Title:
Address	Email:
Phone	Alternate Phone:
How many years have you known?	
Name of Reference:	Company/Title:
Address	Email:
Phone	Alternate Phone:
How many years have you known?	

**Personal References:** Please do not list family members

Name of Reference:	Relationship:
Address	Email:
Phone	Alternate Phone:
How many years have you known?	
Name of Reference:	Relationship:
Address	Email:
Phone	Alternate Phone:
How many years have you known?	

# **Applicant's Certification:**

**PLEASE READ CAREFULLY**

ZOe Pediatric is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees who are considered for hire, promotion, and job status without regard to race, color, religion, creed, sex, marital status, age, physical or mental disability.

I certify that all the information contained in this application is correct and true to the best of my knowledge. I understand that any false information, misstatements, or omissions may result in denial of employment or discharge.

I authorize the references listed above to give you any and all information concerning my previous or current employment and work performance. I release ZOe Pediatrics from any and all liability, at any time that could result from obtaining and having employment decision based on such information.

I understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall constitute the terms of implied employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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### Reference Check Authorization

Date: \_\_\_\_\_

To: \_\_\_\_\_

The following applicant \_\_\_\_\_ has applied for \_\_\_\_\_ position with ZÖe Pediatrics and has listed you as a reference, we are requesting verification of information. Thank you for your assistance, and return information is listed below.

Authorization:

I hereby release all information concerning verification of work performance, job roles and character.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_

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#### TO BE FILLED OUT BY REFERENCE:

Your Name/Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Eligible for rehire? \_\_\_\_\_

Applicant's reason for Leaving? \_\_\_\_\_

Any other notes \_\_\_\_\_

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Please return via email, fax, or call  
Illona Johnson  
Human Resource Manager  
3031 Williams Road  
Columbus, GA 31909  
(706) 221-7139  
FAX (706) 221-7089  
Email: [ijohnson@zoepeds.com](mailto:ijohnson@zoepeds.com)



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