



UTAH VALLEY PEDIATRICS, L.C.

APPLICATION FOR EMPLOYMENT

UVP only hires those authorized to work in the United States. This application is subject to the Certification and Agreement on page 2. Applicants will be required to fill-out and I-9 form and provide the corresponding identification. They may be required to satisfactorily pass a pre-employment drug screen and criminal background check.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF APPLICATION
CURRENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL/ALT PHONE	SOCIAL SECURITY #	

BACKGROUND

Have you ever been convicted of a felony(s)? YES NO
 If YES, provide date, city, state and an explanation for all convictions: _____

Have you ever plea bargained a felony to a misdemeanor? YES NO If YES, what state? _____
 Criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

Do you use illegal drugs? YES NO

Can you perform the functions of the job for which you are applying, either with or without reasonable accommodations? YES NO

Do you have any relatives employed by Utah Valley Pediatrics? YES NO If YES, Where/Relationship _____

Have you ever been employed by or are you currently employed by Utah Valley Pediatrics? YES NO
 If YES, Where? _____ When? _____ Why did you leave? _____

WORK AVAILABILITY

POSITION DESIRED	MARK ALL THAT APPLY		
	TYPE OF EMPLOYMENT	WORK SCHEDULE / SHIFT	WEEKENDS
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> EVENINGS	
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> NIGHTS	ROTATING WEEKENDS
<input type="checkbox"/> ON-CALL	Hours Available: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT WAGE	MINIMUM WAGE REQUIREMENT	DATE AVAILABLE TO BEGIN WORK	

JOB SKILLS

Do you speak a foreign language? No Spanish Portuguese American Sign Language Japanese Korean Other: _____

What is your proficiency level of the foreign language you speak? Beginner Intermediate Advanced

Check all that you have experience with:

<input type="checkbox"/> Microsoft OS	<input type="checkbox"/> MegaWest	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Word Processor	<input type="checkbox"/> IHC HELP2	<input type="checkbox"/> Telephone System	<input type="checkbox"/> Medical Coding
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> IHC Clinical Workstation	<input type="checkbox"/> Typing Speed: _____ WPM	<input type="checkbox"/> Charge Entry
<input type="checkbox"/> eClinicalWorks	<input type="checkbox"/> Internet	<input type="checkbox"/> 10-Key	<input type="checkbox"/> Other (please list): _____

EDUCATION

Have you graduated from high school or completed the GED equivalent? YES NO HIGH SCHOOL: _____

List all degrees that you have received. List your highest degree first. Do not list degrees that you are currently working toward. (See below)

MAJOR	DEGREE	SCHOOL	GRADUATION DATE

Are you currently enrolled in school? YES NO Last year attended: _____ Major: _____

Check last level of college/higher education completed:

UNDERGRADUATE:	<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR
GRADUATE:	<input type="checkbox"/> 1 ST YEAR	<input type="checkbox"/> 2 ND YEAR	<input type="checkbox"/> 3 RD YEAR	<input type="checkbox"/> 4 TH YEAR

LICENSURE / REGISTRATIONS / CERTIFICATIONS

List all professional licenses, registrations and certifications

LIC / REG / CERT TYPE	NUMBER	STATE	EXPIRATION DATE

Do you have any pending restrictions and/or suspensions on your current professional license/registration that would restrain you from performing in the position for which you are applying? YES NO

Have you ever been refused professional licensure or had a license / registration suspended or revoked? YES NO

If YES, please explain: _____

List any trade or professional organizations of which you are a member, including offices held: _____

List any special skills: _____

NAME: _____

WORK HISTORY & EXPERIENCE

How many years of work experience do you have related to the position for which you are applying? _____

May we contact your current employer? YES NO If NO, why? _____

Note: If your current or most recent employer is not contacted before an offer of employment is made, then any offer of employment that is made will be subject to UVP subsequently contacting said employer, and may be withdrawn based on the information received from said employer.

Starting with your most recent employment, give a complete record of all employment and reasons for periods of unemployment. If additional space is needed, please ask for a supplemental form.

COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
TYPE OF BUSINESS	SUPERVISOR'S NAME, TITLE & PHONE #			DATE EMPLOYED MO YR	DATE LEFT MO YR
TITLE & DUTIES					
REASON FOR LEAVING		IF EMPLOYED UNDER ANOTHER NAME, SPECIFY		FINAL WAGE/SALARY	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
TYPE OF BUSINESS	SUPERVISOR'S NAME, TITLE & PHONE #			DATE EMPLOYED MO YR	DATE LEFT MO YR
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TITLE & DUTIES					
REASON FOR LEAVING		IF EMPLOYED UNDER ANOTHER NAME, SPECIFY		FINAL WAGE/SALARY	

PROFESSIONAL REFERENCES

NAME	OCCUPATION/TITLE	BUSINESS NAME & ADDRESS/CITY/STATE/ZIP CODE	AREA CODE & PH#	YRS KNOWN

CERTIFICATION & AGREEMENT

The information in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for dismissal. I authorize investigation of all statements contained in this application and do hereby authorize any and all persons, companies or agencies to release any and all information relevant to this application and any pertinent information they may have to Utah Valley Pediatrics, L.C. I release all such parties from all liability of every kind as the result of furnishing the same to Utah Valley Pediatrics, L.C.

I understand that if I am employed with Utah Valley Pediatrics, LC, my employment is at-will and can be terminated at any time at my will or at the will of Utah Valley Pediatrics, LC for any reason not prohibited by law, or for no reason, and with or without advance notice. I further understand that the at-will status of Utah Valley Pediatrics, LC employment cannot be changed unless the change is made in writing and is signed both by me and by the president/CEO of Utah Valley Pediatrics LC. I understand that no supervisor, manager or administrator has authority to alter the at-will status of my employment. I further understand that none of the company's personnel or other policies or procedures should be construed as a contract or as a guarantee of continued employment.

Any employment offer is contingent upon producing documents establishing my eligibility to work in the United States of America, satisfactory results from reference checks, and compliance with Utah Valley Pediatrics, LC policies and procedures. I understand that I will be required to provide verification (license, certificate, diploma, transcripts, tests, etc.) of information contained in this application. I fully agree to the forgoing terms and conditions. I understand that misrepresentation of these facts is sufficient cause for dismissal.

SIGNATURE _____

DATE _____