



Clackamas Pediatric Clinic, 8645 SE Sunnybrook Blvd., #200, Clackamas, OR 97015
Oregon Pediatrics - N.E. Portland, 5050 NE Hoyt St., #B55, Portland, OR 97213
Oregon Pediatrics - Happy Valley, 16144 SE Happy Valley Town Ctr. Dr., #210, Happy Valley, OR 97086
Oregon Pediatrics - Meridian Park, 19260 SW 65th Ave., #275, Tualatin, OR 97062

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

Answer each question to the best of your ability. Please print.

Today's Date: _____

Legal Name:

_____ (Last) _____ (First) _____ (Middle)

Present Address

_____ (Street No. and Name) _____ (Daytime phone)

_____ (City/Town) _____ (State) _____ (Zip) _____ (Social Security - all or last 4)

Two Most Recent Addresses:

_____ (Street No. and Name) _____ (City & Zip) _____ (Dates) to _____

_____ (Street No. and Name) _____ (City & Zip) _____ (Dates) to _____

NOTIFY IN EMERGENCY

_____ (Name) _____ (Address) _____ (Telephone)

EMPLOYMENT

I AM APPLYING FOR THE FOLLOWING POSITION: _____

I AM APPLYING FOR THE FOLLOWING WORK: TEMPORARY PART TIME FULL TIME

WAGE / SALARY DESIRED? _____ DATE AVAILABLE FOR WORK _____

PLEASE LIST ANY SPECIAL EDUCATION, SKILLS, EXPERIENCE OR EQUIPMENT OPERATING ABILITIES THAT YOU HAVE WHICH MIGHT BE USEFUL IN THE POSITION FOR WHICH YOU ARE APPLYING:

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? Yes No

ARE YOU AT LEAST 18 YEARS OF AGE? Yes No

HAVE YOU EVER **APPLIED** TO OREGON PEDIATRICS BEFORE? Yes No IF YES, DATE: _____

HAVE YOU EVER BEEN **EMPLOYED** BY THIS COMPANY OR ANY OF ITS SUBSIDIARIES OR AFFILIATES? IF YES, WHERE AND WHEN?

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPARTMENT:

REFERRED BY:

NAME: _____

DATE: _____

EDUCATION

Name and Address of School	Graduated YES or NO	Degree or Major area of Study
HIGH SCHOOL		
TECHNICAL SCHOOL		
BUSINESS SCHOOL		
COLLEGE OR UNIVERSITY		
OTHER		

EMPLOYMENT HISTORY

List all employment including military service and self-employment (Account for any periods of unemployment)

Employer (Present or Most Recent)	Type of Business	Telephone #
Complete Address		
Starting Date (Month and Year)	Starting Position	
Termination Date (Month and Year)	Position on Leaving	
Name & Title of Supervisor (Present or Last)		Telephone #
Job Description and Responsibilities		
Reason for Leaving		
If presently employed, may we contact your employer for references?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at your place of employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Type of Business	Telephone #
Complete Address		
Starting Date (Month and Year)	Starting Position	
Termination Date (Month and Year)	Position on Leaving	
Name & Title of Supervisor		Telephone #
Job Description and Responsibilities		
Reason for Leaving		

NAME: _____

DATE: _____

EMPLOYMENT HISTORY (Continued)

Employer	Type of Business	Telephone #
Complete Address		
Starting Date (Month and Year)	Starting Position	
Termination Date (Month and Year)	Position on Leaving	
Name & Title of Supervisor		Telephone #
Job Description and Responsibilities		
Reason for Leaving		

Employer	Type of Business	Telephone #
Complete Address		
Starting Date (Month and Year)	Starting Position	
Termination Date (Month and Year)	Position on Leaving	
Name & Title of Supervisor		Telephone #
Job Description and Responsibilities		
Reason for Leaving		

ADDITIONAL INFORMATION

Circle:

Being on your feet for 8-10 hours at a time is a requirement in clinical positions. Are you willing and able to comply?	Yes	No
We have specific requirements for personal appearance, which apply to all staff: clean, proper work apparel, no excessive jewelry or make-up, no fragrances, and good general hygiene. Are you able and willing to comply with these requirements?	Yes	No
We do not permit smoking in the clinic or clinic grounds. Are you willing to comply?	Yes	No
If hired, what notice to you need to give your current employer?		

For the questions below you may omit any information indicating legally protected characteristics

We may train on days you have other obligations. Are you willing to reschedule your plans to come to training?	Yes	No
Do you have any schedule obligations (e.g. vacations, weddings, reserve duty...) coming up that may interfere with coming to work?		
If yes, please list:	Yes	No
What commitments do you have, or do you anticipate, that may affect your schedule?		
If offered a position with Clackamas & Oregon Pediatrics, how long would you plan to remain with us?		

REFERENCES

YOU MAY LIST PRESENT OR FORMER EMPLOYERS. DO NOT LIST RELATIVES.

NAME _____ OCCUPATION _____

ADDRESS _____
(Street No. and Name) (City) (State) (Zip)

Email _____ Phone #: _____

NAME _____ OCCUPATION _____

ADDRESS _____
(Street No. and Name) (City) (State) (Zip)

Email _____ Phone #: _____

NAME _____ OCCUPATION _____

ADDRESS _____
(Street No. and Name) (City) (State) (Zip)

Email _____ Phone #: _____

AUTHORIZATION

PRINT NAME: _____

I hereby authorize Clackamas Pediatric Clinic &/or Oregon Pediatrics and/or its representatives to gather background information, also referred to as an investigative consumer report, regarding the following: Information from employers, public/private records check including civil and criminal, driving, it may include information about your character, general reputation, personal characteristics, mode of living, whichever are applicable.

The Applicant acknowledges that any offer of employment that is made by Clackamas Pediatric Clinic &/or Oregon Pediatrics may be contingent upon my successful completion of a physical examination that conforms to the requirements and specifications of the Americans with Disabilities Act and/or the successful completion of a drug test that conforms to state and federal laws.

I also understand that any employment offer is contingent upon my providing, within (3) days of employment, valid proof of identity and eligibility to work in compliance with the Immigration Reform and Control Act of 1986.

I acknowledge that if I am employed, such employment is not for a definite period of time, and that Clackamas Pediatric Clinic &/or Oregon Pediatrics can change wages, benefits, hours of employment and conditions at any time without notice. I understand that either Clackamas Pediatric Clinic &/or Oregon Pediatrics or I can terminate the employment relationship at any time with or without notice, for any reason not prohibited by law. In the event that I leave Clackamas Pediatric Clinic &/or Oregon Pediatrics I will promptly pay any balance owed for merchandise, equipment or uniform issued to me and damaged or not returned or other indebtedness to Clackamas Pediatric Clinic &/or Oregon Pediatrics. Finally, I authorize Clackamas Pediatric Clinic &/or Oregon Pediatrics to apply any money due me for wages, salary, and commissions toward liquidation of this indebtedness, except where prohibited by law.

BY SIGNING THIS APPLICATION FOR EMPLOYMENT I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF IT AND CERTIFY THAT I HAVE FULLY AND COMPLETELY ANSWERED ALL QUESTIONS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION OF A MATERIAL FACT IN THIS APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN SUCH FALSIFICATION IS DISCOVERED.

APPLICANT SIGNATURE: _____

DATE: _____