

Pediatric Clinic, L.L.C. - Application for Employment **via WEBSITE**

Mail to: Pediatric Clinic, L.L.C., 2401 Village Professional Drive, Opelika, AL 36801 -OR- Fax to: (334) 749-6166

(Please Print) Failure to complete application correctly and completely may disqualify your application. Date of Application ___/___/_____

Full Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ Month/Day of Birth: M M - D D - 19XX

City / State / Zip: _____ **DO NOT LIST YEAR BORN** _____ - _____ - 19XX

Driver's license number: _____ State _____ Expiration ___/___/_____ (for prior employment verification only)

Telephone Numbers: Day: (____) _____ - _____ Ext. _____ Night: (____) _____ - _____ Ext. _____

Other: (____) _____ - _____ Ext. _____ E-MAIL address: _____

Check position(s) applied for:

- Receptionist Appointment Clerk Medical Records Insurance / Billing Clerk Nursing assistant (typically M-F 8-5)
- LPN RN (typically M-F 830-530, plus two weeknights and one weekend every six weeks)
- Night/Weekend Crew (avg 15 hrs/week – shifts available - M-F 5-9, Sat 8-5, Sun/Hol 12-5 – work every other Holiday)
- Other: _____

How did you learn about us? _____ On what date would you be available to work? ___/___/_____

Are you available to work: Full Time Part Time Temporary (up to 12 months)

What is your preference? Full Time Part Time Temporary (up to 12 months)

Pediatrics often requires overtime, Can you work overtime with short notice? Yes ___ No ___

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes ___ No ___ Not applicable ___

Are you currently employed?

Yes ___ No ___

May we contact your present employer?

Yes ___ No ___ Not applicable ___

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Have you ever been employed by Pediatric Clinic, LLC before?

Yes ___ No ___ If yes, give date: _____

Have you ever filed an application with us before?

Yes ___ No ___ If yes, give date: _____

Is there anything in your background that would or should preclude you from working with and around children?

Yes ___ No ___ If yes, please explain _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes ___ No ___ (Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last seven years?

Yes ___ No ___

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

Education:

	Name and address of school	Course of Study	Years Completed	Did You Graduate?	Diploma Degree
High school					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Other Information

Other Qualifications, Skills, or Other Information that you feel would be helpful to us in considering your application

Three Professional References - supervisors (preferable), coworkers, or colleagues

Name	Relationship to you
Address	Phone
City State Zip	Alternate Phone

Name	Relationship to you
Address	Phone
City State Zip	Alternate Phone

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City State Zip	Alternate Phone

Employment Experience *(list most recent job first)*

ALL fields must be filled in to be considered for employment

Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone numbers				
Job Title	Supervisor			
Reason for leaving				
<hr/>				
Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone numbers				
Job Title	Supervisor			
Reason for leaving				
<hr/>				
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Telephone numbers				
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<hr/>				

Self Assessment

Please rate yourself in the categories below.

Use the following scale (1 – poor, 2- below average, 3 average, 4 above average, 5 excellent) Comment

Attendance	1	2	3	4	5	
Punctuality / Getting to work at the appropriate time	1	2	3	4	5	
Ability follow instructions	1	2	3	4	5	
Computer skills	1	2	3	4	5	
Ability to resolve problems with coworkers	1	2	3	4	5	
Ability to resolve problems with customers	1	2	3	4	5	
Customer service	1	2	3	4	5	
Quality of your work	1	2	3	4	5	
Speed of your work	1	2	3	4	5	
Ability to handle stressful situations	1	2	3	4	5	
Ability to handle multiple tasks	1	2	3	4	5	
Ability to follow through on tasks	1	2	3	4	5	
Attitude towards life	1	2	3	4	5	
Attitude towards others	1	2	3	4	5	

Employer's Statement

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that all applications will be reviewed and narrowed for interviews by an authorized agent of Pediatric Clinic. Only those applicants whose backgrounds best indicate an aptitude for job performance will be interviewed. Therefore, not all applicants will be called for an interview. However, all applications will remain on file for at least 45 days should other openings more appropriately match your background.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Pediatric Clinic LLC
Full Time Employee Benefit Summary
 Effective 1/1/2012 - subject to change

Health & Dental Insurance	Employee cost per pay period (no payment holidays)	
	Health	Dental
Single coverage	57.99	11.72
Family coverage	139.12	29.34
Dental Coverage Only		
Single coverage		15.22
Family coverage		39.34

Effective 1/1/2012 - subject to change
 Health: Blue Cross Blue Shield of Alabama Primary Care Network through EAMC MEWA
 Dental: Blue Cross Blue Shield Dental plan through EAMC MEWA
 Health and dental eligible 1st day of month following 90 days of service, and open enrollment period each October.

Retirement Plan*
 John Hancock 401(k) Plan **
 Plan allows rollover from qualified plans (i.e. former employer 401(k) plan)*
 Unlimited employee contributions up to legal limits.*
 3% "Non-contributory" - minimum annual employer contribution*
 Potential for employer funded profit sharing contributions*

 *subject to plan rules regarding eligibility (i.e. 1 year of service, 1000 hours worked, dual entry dates, social security integration, 5 year vesting schedule, etc.)
 **other plan brokers may be available at employee expense

Vacation - effective 9/1/2011

<i>Standard benefit (we no longer offer the nurse w/md option)</i>	After 3 months of service – 6.667 hours per month paid vacation
	After 5 years of service - 10 hours per month paid vacation
	All requests should be directed to immediate supervisor and are subject to approval based on estimated staffing levels any blackout dates.

Sick time / personal leave - effective 9/1/2011

<i>used for illness, bereavement, etc.</i>	After 3 months of service, the employee will earn 4 hours per month (6 days per year). Any sick time accumulated (and not used) in excess of 48 hours as of August 31 may be paid to the employee in the following year (usually around Thanksgiving). Alternatively, you may convert that surplus sick time into vacation in the following year.
<i>Using Vacation time in lieu of Sick time</i>	If you exceed your accrued sick time balance, you will be paid vacation time for any time that is missed up to the balance in your vacation or holiday accrual. This policy is intended to help the employee minimize the number of unscheduled absences.
<i>"No-pay" time off</i>	More often on the clinical side, there are times where business slowdowns may produce the opportunity for "no-pay" time off. In general, we look at these as a win-win for the employee and the clinic. The employee is not charged vacation, and the clinic saves money by temporarily reducing payroll during these lighter days. Unscheduled absences are not considered for no-pays.
<i>Incentive to properly use sick/vacation time</i>	Current policy for Pediatric Clinic LLC dictates that upon separation or termination of employment, Pediatric Clinic will pay out any 'earned' hours that have not been previously taken as vacation, sick or holiday. Generally, this will be paid within 2-3 weeks of the last day of employment.

- Year for vacation and sick time runs September 1 to August 31 of each year

Holidays***

<i>Standard benefit***</i>	New Year's Day***	Memorial Day***
	Fourth of July***	Labor Day***
	Thanksgiving***	Christmas Day***
	Bonus days are possible	

***Since Pediatric Clinic is open every day of the year, you may be scheduled to work on the actual holiday. On holidays we are typically scheduled 1/2 staff or skeleton crew in order that some of our staff is off. Full time employees who are scheduled for a holiday are typically given a floating holiday for use at a later time. If you are scheduled to work a holiday, all hours worked are paid at 1.5 times your hourly rate. You may not voluntarily work a holiday without permission from your supervisor.