

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE YES NO LATER			
REASON FOR LEAVING		NAME OF REFERENCE CONTACT EMAIL AND PHONE NUMBER	

SKILLS AND QUALIFICATIONS

Summarize any training, skills, or education that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

LICENSES & CERTIFICATES

LICENSE/CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		DEGREE	MAJOR
OTHER			

PROFESSIONAL REFERENCES

NAME and EMAIL ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

ADDITIONAL COMMENTS

Please indicate at which company or companies you wish to be considered for employment:

- SARATOGA PEDIATRIC SUBACUTE 13425 Sousa Lane Saratoga, CA 95070
- PEDIATRIC HOSPITAL 3777 South Bascom Ave Campbell, CA 95008
- PEDIATRIC DAY HEALTH CENTER 13411 Sousa Lane Saratoga, CA 95070

APPLICANT STATEMENT

Please read and initial each of the following statements:

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I hereby certify that I, personally have completed this application and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- I understand that if hired I will be required to submit to a background check, drug test, and physical and that I am entitled to copies of any such records obtained by the company.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



Email your application: careers@pedisubacute.com