





APPLICATION FOR EMPLOYMENT

B ()	Saratoga Pediatric Subacute, Pediatric Hospital, and Pediatric Day Health Center are Equal Opportunity Employers.							
Position(s) applied for:		Date of Application/	1					
Name:								
LAST	FIRST	MIDDLE						
Address:								
Address:STREE	T CITY	STATE	ZIP CO	DDE				
Telephone # ()	Mobile/Other Phone # (_) E-mail Address;						
		our desired salary range?\$						
Type of employment desired Languages spoken and writter	Full-time Part-time n fluently:	Per Diem/On Call Seasonal						
Do you have any friends, relat	ives or significant others employe	ed by the company?	Yes	No				
What days and hours are you	available to work?			-				
		be available to work overtime, if necessary?	Yes	No				
		n you provide a work permit, if required?		No				
		s, please give dates and positions						
		of of your legal right to work in the US?		No				
Are you able to perform the es	sential functions of the job for wh	nich you are applying, either with or without rea	asonab					
accommodation? Yes	No If no, describe the funct	ions that cannot be performed:_ ESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTION		-				
REQUIREMENTS, HIRE IS SUBJECT TO PASSING A MED	CAL EXAMINATION)	SSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTION	ONS DUE TO	LICENSING				
EMPLOYMENT LUCTOR								
EMPLOYMENT HISTOR	RY							
Provide the following information of	of your past four (4) employers, assi	gnments or volunteer activities, starting with the mo	st recer	t.				
		w		-				
FROM TO	EMPLOYER	TELEPHONE #	_					
STARTING JOB TITLE/FINAL JOB TITLE								
IMMEDIATE SUPERVISOR AND TITLE	ADDRESS							
	ADDRESS SUMMARIZE THE NATURE OF WORK PERF	ORMED AND JOB RESPONSIBILITIES						
MAY WE CONTACT FOR REFERENCE		ORMED AND JOB RESPONSIBILITIES						
MAY WE CONTACT FOR REFERENCE YES NO LATER REASON FOR LEAVING								
YES NO LATER	SUMMARIZE THE NATURE OF WORK PERF	ND PHONE NUMBER						
YES NO LATER REASON FOR LEAVING	SUMMARIZE THE NATURE OF WORK PERF	ND PHONE NUMBER						
YES NO LATER REASON FOR LEAVING FROM TO	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER	ND PHONE NUMBER TELEPHONE # ()						
YES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS	ND PHONE NUMBER TELEPHONE # ()						
YES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE MAY WE CONTACT FOR REFERENCE	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS	ORMED AND JOB RESPONSIBILITIES						
PES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE MAY WE CONTACT FOR REFERENCE YES NO LATER	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS SUMMARIZE THE NATURE OF WORK PERF	ORMED AND JOB RESPONSIBILITIES						
PES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE MAY WE CONTACT FOR REFERENCE YES NO LATER REASON FOR LEAVING	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN	ORMED AND JOB RESPONSIBILITIES ID PHONE NUMBER						
YES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE MAY WE CONTACT FOR REFERENCE YES NO LATER REASON FOR LEAVING FROM TO	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER	ORMED AND JOB RESPONSIBILITIES ID PHONE NUMBER TELEPHONE # () TELEPHONE # ()						
PES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE MAY WE CONTACT FOR REFERENCE YES NO LATER REASON FOR LEAVING FROM TO STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS SUMMARIZE THE NATURE OF WORK PERF NAME OF REFERENCE CONTACT EMAIL AN EMPLOYER ADDRESS	ORMED AND JOB RESPONSIBILITIES ID PHONE NUMBER TELEPHONE # () TELEPHONE # ()						

LICENSES & CERTIFICATES LICENSE/CERTIFICATE		LICENSE NUMBER	EXPIRATION DATE
EDUCATIONAL BACKG	ROUND		
NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
OLLEGE	1	DEGREE	MAJOR
THER			
POEESSIONAL REFER	PENCES		
PROFESSIONAL REFERENCES NAME and EMAIL ADDRESS		TELEPHONE	NUMBER OF YEAR: KNOWN
		()	
		()	
		()	

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES

FROM

STARTING JOB TITLE/FINAL JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

EMPLOYER

ADDRESS

TELEPHONE #

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. 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