

Date: \_\_\_\_\_

# smart start pediatrics

## EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No      Are you 18 or over?  Yes  No

Do you speak any languages other than English?  Yes  No

What position are you applying for? \_\_\_\_\_

Full Time (40+ Hours)       Part Time (24-30 Hours)       Per Diem (< 24 Hours)

Salary Requirements: \_\_\_\_\_ Date you are able to start: \_\_\_\_\_

Office Location(s): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

1. Have you ever been convicted of an offense (misdemeanor or felony) other than a minor traffic violation?  Yes  No  
(Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) convictions are not minor and must be reported)

2. Have you ever been found guilty of a criminal offense?  Yes  No

3. Are there criminal charges currently pending against you?  Yes  No

4. Have you ever been imprisoned or jailed in a criminal proceeding?  Yes  No

A "yes" to any of the above questions does not automatically keep you from being hired. If you answered "yes" to any questions, you must provide a complete explanation. Your omission or falsification of any criminal history, or any disclosure required by this form, is a cause for dismissal from employment or consideration from employment.

Examples of a criminal offense: Assault/battery, auto theft, disorderly conduct, domestic violence, DUI/DWI, fraud, loitering, prostitution/solicitation, robbery, shoplifting, theft (grand/petty), trespassing, worthless checks. Note: This is not a complete list and is intended to provide examples only. You must list all convictions including juvenile incidents.

Have you ever been employed by Smart Start Pediatrics?  Yes  No

Do you have any relatives who work for Smart Start Pediatrics?  Yes  No

If yes, please indicate name(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_

## SOURCE OF REFERRAL

Smart Start Pediatrics Website

Facebook

Employee Referral: \_\_\_\_\_  
Employee Name

Parent of Patient: \_\_\_\_\_  
Patient Name

Walk-In: \_\_\_\_\_  
Office Location

Job Fair

School Relations: \_\_\_\_\_  
Name of School

Other: \_\_\_\_\_

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## EDUCATION

High School Name Location Last Year Completed Certificate/Diploma

College Name Location Last Year Completed Major

College Name Location Last Year Completed Major

Graduate School Location Last Year Completed Major

Other School Name Location Last Year Completed Major

Describe any other specialized training or qualifications relating to this position (such as seminars, military, professional affiliations, certificates, or awards)

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## LICENSES

License Type License Number State Expiration Date

License Type License Number State Expiration Date

License Type License Number State Expiration Date

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## REFERENCES

Please list only work-related references and their relationships to you.

Name	Business Relationship
1.	
2.	
3.	

## EMPLOYMENT RECORD

**Instructions:**

- Please complete the following information. You may submit a resume in place of this application.
- Please list most recent jobs first.

Dates of Employment: From _____ To _____		Company Name	
Position Title(s)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Type of Business	Telephone No.
Description of Duties:		Street Address	
		City	State      Zip
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor
Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Annual Incentive \$	Reason for Leaving	

Dates of Employment: From _____ To _____		Company Name	
Position Title(s)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Type of Business	Telephone No.
Description of Duties:		Street Address	
		City	State      Zip
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor
Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Annual Incentive \$	Reason for Leaving	

Dates of Employment: From _____ To _____		Company Name	
Position Title(s)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Type of Business	Telephone No.
Description of Duties:		Street Address	
		City	State      Zip
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor
Incentive Earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Annual Incentive \$	Reason for Leaving	

If you have been unemployed for a period of three consecutive months or more within the past five years, please provide the dates of unemployment and an explanation below:

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# smart start *pediatrics*

460 Alabama Hwy 75 N, Albertville, AL 25951-3838 | (256) 891-0300

## Employee Information

Employee Name	Sex Male                      Female
Date of Birth	Job Title
SS #	Supervisor
Street Address	Date of Hire
City/State/Zip	Shift Day                      Evening                      Night
Phone #	Status FT                      PT                      Temp
Email	Pay Rate
Marital Status S                      M                      W                      D	Number of Dependents

## Emergency Contact Information

Emergency Contact Name	Relationship to Employee
Street Address	Phone #
City/State/Zip	

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## Employee Information

New Hire \_\_\_\_\_ Rehire \_\_\_\_\_ Changes \_\_\_\_\_/Date of Change \_\_\_\_\_ Employee # \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

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## Employee Personal Information

SS #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

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## Employee Personal Information

Email: \_\_\_\_\_  
To be used to retrieve check stub.  
Accruals: Yes \_\_\_\_\_ No \_\_\_\_\_

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## Position

Job Title: \_\_\_\_\_  
Hourly Rate of Pay: \$ \_\_\_\_\_ or Salary Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

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## The Following Forms should be included with every New Hire/Rehire Employee:

Current Year W-4: \_\_\_\_\_ Current Year A-4: \_\_\_\_\_ I-9 Form: \_\_\_\_\_ Direct Deposit Form: \_\_\_\_\_  
Copy of SS Card (for New Hire & Name Change): \_\_\_\_\_ Copy of Driver's License: \_\_\_\_\_  
If applicable, Alien Resident/Noncitizen National Card/Authorized to Work: \_\_\_\_\_

\_\_\_\_\_  
Supervisor or Company Contact

\_\_\_\_\_  
Date

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## Authorization Agreement for Direct Deposits (ACH Credits)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my employer, Smart Start Pediatrics (the "Company") and its agents, including financial institutions, to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

**Account 1:** Bank Name \_\_\_\_\_

Account 1 Type:    Checking: \_\_\_\_\_    Savings: \_\_\_\_\_

Bank Routing Number (ABA Number): \_\_\_\_\_

Account Number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

**Account 2:** Bank Name \_\_\_\_\_

Account 2 Type:    Checking: \_\_\_\_\_    Savings: \_\_\_\_\_

Bank Routing Number (ABA Number): \_\_\_\_\_

Account Number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

**If checking, attach a voided check for the bank account. Deposit slip NOT accepted.**

NOTE: If the account is not a checking account and no voided check is available, please bring a statement from the bank showing: Name on the Account, Account number, and bank routing number to ensure direct deposit.

Attach a voided check for account here or on a second page, if needed.  
Deposit slip NOT accepted.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Employee Confidentiality Agreement

Smart Start Pediatrics LLC considers it everyone's responsibility to respect and maintain the confidentiality of patients, providers, fellow employees, visitors, and volunteers. I acknowledge that as an employee I may have access to confidential information. All individual identifiable patient information is considered protected health information (PHI) and is treated as confidential following Smart Start Pediatrics LLC policies and procedures. Additionally, personal employee information such as home addresses, telephone numbers, and work schedules are confidential. Retrieving and/or discussing confidential information for any purpose other than required by job responsibility is prohibited and may be considered grounds for dismissal. Please refer to the employee handbook on Confidentiality for more information. As an authorized user of the Smart Start Pediatrics network, I will be given sufficient access to the computing and networking resources to perform my job duties. I understand the information to which I have access is also confidential. Any disclosure of such information or use for the data or computer systems for any purpose other than that required by my duties will be considered grounds for immediate dismissal. Please refer to the Internet Usage policy for more information.

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Employee Signature

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Date

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Manager Signature

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Date

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## At-Will Statement

The following reiterates the at-will agreement upon acceptance of your position with Smart Start Pediatrics LLC. Please review the statement below and sign.

I understand the Employee Handbook is not an employment contract. I understand my employment can be terminated at any time, for any reason, at the discretion of Smart Start Pediatrics LLC. Also, I have the right to terminate my employment with proper notice as detailed in the Employment Handbook. I understand no one except the owners of Smart Start Pediatrics can modify the terms and conditions of the Employment Handbook.

Furthermore, I attest that I have received, read, and understand the practice policies and procedures set forth by Smart Start Pediatrics LLC and agree to abide by them at all times.

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Employee Signature

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Date

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Manager Signature

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Date