



# ELM Pediatrics

## APPLICATION FOR EMPLOYMENT

### Personal Information

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate?  Yes  No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate?  Yes  No Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate?  Yes  No Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Employment History**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

**Professional License/Certifications**

List all jurisdictions, types of health care license/certification and license/certification numbers that the applicant has had in the past or currently possesses. (Copies of license/certification must be attached)

State/Country	Type of License/Certification	License/Certification Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been disciplined by any health care regulatory board in any jurisdiction? Yes No  
(If yes, include a copy of any order or consent agreement issued by the regulatory board.)

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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



# ELM Pediatrics

Erin M. Lewis, FNP – Laura R. Bulloch, PNP – Monica L. Holt, FNP

## BACKGROUND CHECK CONSENT AND RELEASE WAIVER

Applicant's Legal Name (printed)

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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicants Address

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for ELM Pediatrics, LLC (or a contractor working on their behalf) to obtain information regarding myself.

This includes the following:

- Local & national criminal background records/information
- All sex offender registries
- Full address trace
- Social Security verification
- Credit history reports
- Interviews with family, friends, and acquaintances
- Current and prior employers

I, the undersigned, authorize this information to be obtained either in writing, electronically, or via telephone in connection with my application for employment with ELM Pediatrics, LLC. Any person, firm or organization providing information or records in accordance with this authorization is released from all claims of liability for compliance. Such information will be held in confidence in accordance with the guidelines of ELM Pediatrics, LLC.

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Signature of Applicant

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Date

**800 West Main Street, Lake City, South Carolina 29560**

**843-977-7337 - Fax 843-972-1700**  
(P.E.D.S.)

[www.elmpediatrics.com](http://www.elmpediatrics.com)