

**Quad Cities Pediatrics, P.C.**  
**5510 Utica Ridge Road, Suite 100 & 200**  
**Davenport, Iowa 52807**  
**P: (563) 424-20255**

**EMPLOYMENT APPLICATION**

It is the policy of Quad Cities Pediatrics, P.C. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Job Position Applied For \_\_\_\_\_

Salary Desired:        \$ \_\_\_\_\_ Per \_\_\_\_\_

Please Circle:        Part-time    or    Full Time

Who referred you to our company? \_\_\_\_\_

Have you applied to our company previously?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Are you at least 18 years old?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are you willing to work any shift, including nights and weekends?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_   
If applicable, are you available to work overtime?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

When would you be available to begin work if you are offered employment? \_\_\_\_\_

Are you legally eligible for employment in the United States?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Can you perform the job's essential functions with or without reasonable accommodation?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

What reasonable accommodation, if any, would you require?

\_\_\_\_\_

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number corresponding to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability/Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

### Applicant Employment History

List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year) \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year) \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year) \_\_\_\_\_

### Education and Training

College/ University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree received and year: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

\_\_\_\_\_

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Branch: \_\_\_\_\_  
Specialized Training: \_\_\_\_\_

**References**

List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please provide any other information that you believe should be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or, if employment commences, immediate termination.

I authorize Quad Cities Pediatrics, P.C. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE