



Job Application

Position Applying For: _____

Name: Last, First, Middle

Cell Phone

Email Address

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Social Security Number: _____ - _____ - _____

Address: Street

City

State

Zip code

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Work Experience/ Position

Company

From

To

Work Experience/ Position	Company	From	To

Educational History

High School

Completed: Yes or No

Graduation Year

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Higher Education

Completed: Yes or No

Graduation Year

Are you at least 18 years of age? _____ Yes _____ No

600 Cypress Street
Sulphur, LA 70663
(337)527-6371

2800 Country Club Road
Lake Charles, LA 70605
(337)477-0935

340 N Hwy 171 Suite B
Lake Charles, LA 70611
(337)419-0040

I state the information contained in the foregoing statements is complete, true, and correct. I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree that, if hired, I will conform to the rules and regulations of The Pediatric Center and further agree that my employment is for no definite period of time and can be terminated, with or without cause, and with or without notice, at any time at the option of either The Pediatric Center or myself. No employee of the Pediatric Center other than the Owner has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and no such agreement has been made. The Pediatric Center, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, consumer reporting agencies, and law enforcement agencies to supply any information concerning my background. It is understood that I may be asked to take a polygraph examination in cases involving sabotage, theft, or other incidents resulting in economic loss to The Pediatric Center. The use of such examinations will be in conformance with applicable laws.

I further promise and agree to observe all The Pediatric Center rules and regulations, to faithfully perform all duties that may be assigned to me, and to promptly inform my employer of and act or conduct of other people, which come to my attention, and which is considered detrimental to the best interest of The Pediatric Center.

Applicant Signature _____ Date _____

For Office Use Only

Date Employed	Job Title	Starting Rate

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Disclosure Statement

I acknowledge the filing of my application with The Pediatric Center of SWLA (TPC) is to obtain employment and the information given herein is factual. I hereby authorize you to make inquiries of my previous employers, educational institutions, friends, neighbors, associates and references about these matters. Inquires will be conducted through personal interviews and/or criminal background checks. I further understand that I have the right to make a request in writing to TPC to learn the complete nature and scope of this investigative report as described above.

I hereby affirm that the information I provided in my application is true and complete. I understand that providing false or incomplete information to TPC could result in a dismissal from or refusal of employment.

Name

Signature

Date

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