

Women's Medical Center, LLP

Application for Employment

Women's Medical Center, LLP is dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. The applicant must completely answer each question or the application will not be processed.

Date of Application: _____

Position Applying for: _____

Seeking: Full-time employment Part-time employment Temporary employment PRN

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

I. Personal Information (Please Print)

Name: Last First Middle

Please list any other name(s) that you have gone
by or that you may be known as:

Date of birth

Social Security Number

Physical Address

Mailing Address (if different from above)

Home Telephone

Cell phone

Have you ever been convicted of a crime? (a conviction will not necessarily disqualify you) ____ Yes ____ No

Have you taken any illegal drugs with the last 30 days? ____ Yes ____ No

Have you ever been discharged or forced to resign? If yes, please explain:

Did you receive any disciplinary action within the last 12 months of active employment? If yes, please explain:

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II. Education

	School Name/Location	Years completed	Degree/Diploma
High School	_____	_____	_____
College	_____	_____	_____
Technical Training	_____	_____	_____
Other	_____	_____	_____

III. Employment History *Please include all employment for the last five years.*

- | | | |
|--|-----------------------|-------------|
| _____ | _____ | _____ |
| Company Name (current or most recent employer) | Position held | |
| _____ | _____ | _____ |
| Address | Telephone | Wage/Salary |
| _____ | Dates Employed: _____ | |
| Manager/Supervisor | From | To |
| _____ | | |
| Reason for leaving | | |
- | | | |
|--|-----------------------|-------------|
| _____ | _____ | _____ |
| Company Name (current or most recent employer) | Position held | |
| _____ | _____ | _____ |
| Address | Telephone | Wage/Salary |
| _____ | Dates Employed: _____ | |
| Manager/Supervisor | From | To |
| _____ | | |
| Reason for leaving | | |
- | | | |
|--|-----------------------|-------------|
| _____ | _____ | _____ |
| Company Name (current or most recent employer) | Position held | |
| _____ | _____ | _____ |
| Address | Telephone | Wage/Salary |
| _____ | Dates Employed: _____ | |
| Manager/Supervisor | From | To |
| _____ | | |
| Reason for leaving | | |

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4. _____
Company Name (current or most recent employer) Position held

_____ Telephone Wage/Salary

Address

_____ Dates Employed: _____

Manager/Supervisor From To

Reason for leaving

IV. References *Please list two former employers and do not include relatives.*

1. _____ _____
Name of reference Number of years known

_____ _____
Address Telephone

_____ _____
Occupation Relationship

2. _____ _____
Name of reference Number of years known

_____ _____
Address Telephone

_____ _____
Occupation Relationship

3. _____ _____
Name of reference Number of years known

_____ _____
Address Telephone

_____ _____
Occupation Relationship

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V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

- | | | |
|--|------------------------------|-----------------------------|
| 2. Do you have any objections to working overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can you work overtime without prior notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Can you work on Saturday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can you work on Sunday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Can you travel if required by this position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

By my signature, I do hereby attest that all of the information provided herein is true and accurate to the best of my knowledge. I do hereby also give PMA, and any agent of PMA, permission to verify the herein information.

Applicant's Signature

Date