



BirthChoice

MOBILE CLINIC & CARE CENTER

Application for Employment

Date: _____

Name) First: _____ Last: _____ Middle: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you resided at your current address for the past seven (7) years? Yes: ___ No: ___

(If not please list your addresses for the past seven (7) years: Street Address, City, State & Zip)

1. _____

From: (MM/YR) / TO (MM/YR): _____

2. _____

From: (MM/YR) / TO (MM/YR): _____

3. _____

From: (MM/YR) / TO (MM/YR): _____

Phone number: Mobile: _____ Home: _____

Email address: _____ Social Security #: _____

How did you hear about Birth Choice?:

If hired, can you provide proof of eligibility to work in the United States?: Yes: ___ No: ___

Have you ever been convicted of a felony or misdemeanor? Yes: ___ No: ___

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please provide date, city & state and details of conviction:

(Applicant may omit marijuana-related convictions if such convictions are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.)

What position are you applying for?: _____

Date available to start: _____

Full Time?: Yes: ___ No: ___ **Part Time?:** Yes: ___ No: ___ **Shiftwork?:** Yes: ___ No: ___

Are you under 18 years of age? Yes: ___ No: ___ Can you travel if job requires?: Yes: ___ No: ___

Foreign Language Skills: Please specify language/level of proficiency for each: (Basic, Moderate, Fluent):

Speak:	Read:	Write:
_____	_____	_____
_____	_____	_____

EDUCATION:

High School Name: _____ **Diploma:** ___ **GED:** ___ **None:** ___

City, State, Zip: _____

Undergraduate College: _____ **Major/Minor:** _____

Graduate College: _____ **Major/Minor:** _____

Professional Trade, Business, Technical, or Other:

Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or experience:

Last two (2) employers beginning with most present or most recent:

Company Name _____ **Your Job Title:** _____

Address _____

Phone: _____ **Dates of Employment** _____

Supervisor Name and Title: _____

Starting Pay Rate: _____ **Final Pay Rate:** _____

Work Performed: _____

Reason for leaving: _____

(If still employed, may we contact your current employer? Yes: ___ No: ___)

Company Name _____ **Your Job Title:** _____

Address _____

Phone: _____ **Dates of Employment** _____

Supervisor Name and Title: _____

Starting Pay Rate: _____ **Final Pay Rate:** _____

Work Performed: _____

Reason for leaving: _____

(If still employed, may we contact your current employer? Yes: ___ No: ___)

Please list all professional licenses you hold:

(Type of license, State, License number, name on license, is your license in good standing)

1. _____
2. _____
3. _____

ACKNOWLEDGEMENT

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this application for employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the company to contact my references.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the company to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

Applicants Signature: _____ **Date:** _____