



## **Employment Application**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Have you resided at your current address for the past seven years? Yes No

*(If not please list your addresses for the past seven years: City & State)*

1. \_\_\_\_\_ Years lived at this address: \_\_\_\_\_

2. \_\_\_\_\_ Years lived at this address: \_\_\_\_\_

### **Education:**

High School Name & City/State: \_\_\_\_\_ Diploma GED

Undergraduate College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Graduate College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Professional Trade, Business, Technical, or Other: \_\_\_\_\_

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

### **Volunteer history:**

Previous volunteer service: \_\_\_\_\_

List any hobbies or specialized skills: \_\_\_\_\_

Have you ever worked/volunteered in a Pregnancy Care Center before? Yes No

If so, what were your responsibilities? \_\_\_\_\_

### **Contact in case of emergency:**

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Family Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

**How did you hear about Birth Choice?** \_\_\_\_\_

**Employment history:** List two employers beginning with most present or most recent

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Starting/Final Pay Rate:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employment dates:** \_\_\_\_\_ *(If still employed, may we contact your current employer? Yes No )*

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Starting/Final Pay Rate:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employment dates:** \_\_\_\_\_ *(If still employed, may we contact your current employer? Yes No )*

**Please list all professional licenses you hold (include license type, state, number, name & standing):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

**Language:** \_\_\_\_\_ **Speak:** \_\_\_\_\_ **Read:** \_\_\_\_\_ **Write:** \_\_\_\_\_

**2 professional references (other than family):**

**Full name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Full name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**For Office Use Only: References checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Criminal matters:** Have you ever been convicted of a felony or misdemeanor? Yes No

*(Conviction will not necessarily disqualify an applicant)*

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

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

**Employment:**

What position are you applying for? \_\_\_\_\_

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

Date available to start: \_\_\_\_\_ Availability: Full Time Part Time Shiftwork

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

**EMPLOYMENT APPLICATION ACKNOWLEDGEMENT - READ THOROUGHLY BEFORE SIGNING**

This application is submitted with the understanding that you will need to agree with and sign off on the Birth Choice Personnel Handbook.

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 understand that completion of this application does not constitute an offer or promise of employment. I authorize the company to contact my references.

I understand that all Birth Choice information could be sensitive and confidential in nature, and I shall maintain the confidentiality of all information to which I have access.

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.

I CERTIFY THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Printed Name: \_\_\_\_\_

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