

The Women's Healthcare Group

APPLICATION FOR EMPLOYMENT – Please Complete ALL

Name _____ Date _____
Street Address _____ Home Phone _____
City, State, ZIP _____ Business Phone _____
Email _____ Cell Phone _____

What position are you applying for? _____
Would you be willing to work in both office locations? _____
Have you ever applied for employment with us? Yes No Social Security # _____
Apart from absence for religious observance, how many hours per week do you prefer? _____
Will you work overtime if asked? _____
Will you be willing to work a varied schedule depending on need? _____
Are you legally eligible for employment in the United States? Yes No Hourly pay expected? _____
When will you be available to begin work? _____

Please list all forms of education (Example: High school, Business, Trade, Technical, College, Graduate) that you have attended, including years attended, course of study, and degree/diploma received.

1. _____
2. _____
3. _____
4. _____

PREVIOUS EMPLOYMENT

1. Company Name _____ Telephone _____
Job Title _____ Employed from _____ to _____
Name of Supervisor _____ Weekly/Hourly Pay Received _____
Brief description of duties _____
Reason for leaving _____

2. Company Name _____ Telephone _____
Job Title _____ Employed from _____ to _____
Name of Supervisor _____ Weekly/Hourly Pay Received _____
Brief description of duties _____
Reason for leaving _____

3. Company Name _____ Telephone _____
Job Title _____ Employed from _____ to _____
Name of Supervisor _____ Weekly/Hourly Pay Received _____
Brief description of duties _____
Reason for leaving _____

We contact the employers you have listed for previous employment. Please note: Any offer of employment by WHCG may be contingent upon a satisfactory reference check from your current employer. List (by the number reference above) which if any employer you do not wish us to contact at this time:

Employer Number(s): _____ Reason _____

Have you ever been convicted of a crime in the past, excluding misdemeanors and summary of offenses, which has not been annulled, expunged, or sealed by a court? Yes No

If yes, describe in full _____

Have you ever received any disciplinary action within the last 12 months of active employment? Yes No

If yes, please describe action _____

Have you ever been discharged or forced to resign? Yes No

If yes, please describe the action _____

Please furnish the name and address of two people to whom you are not related and by whom you have not been employed.

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____

- The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may be grounds for dismissal.
- I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- If you decide to engage an investigative consumer-reporting agency on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature _____ Date _____

FOR EMPLOYERS USE ONLY – FOR EMPLOYERS USE ONLY – FOR EMPLOYERS USE ONLY – FOR EMPLOYERS USE ONLY

Employer 1. Contact Name _____ Contact Phone _____
Results _____

Employer 2. Contact Name _____ Contact Phone _____
Results _____

Employer 3. Contact Name _____ Contact Phone _____
Results _____

Notes

Interviewed by _____ Date _____