



My Care. My Life.

**APPLICATION FOR EMPLOYMENT**

Essential Health Clinic, is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or handicap, or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

**IDENTIFICATION**

Last Name	First Name	MI
Address: Street		City State Zip Code
Home Phone Number ( )	Other Phone Number (i.e. cell, etc) ( )	Expected Salary
Position Applying For:		
I would like to work: Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Number of Hours weekly: Other:		Earliest Starting Date
I am available to work: Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>		
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for work here? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates of employment: _____

**EMPLOYMENT INFORMATION**

**PLEASE LIST LAST THREE EMPLOYERS, MOST RECENT OR PRESENT FIRST**

1	Company Name	Telephone ( )
	Address: Street, City, State, Zip	Employed (Enter Month & Year) From To
	Name of Supervisor & Title	Hourly Pay/Annual Salary Start Last
	Job Title & Responsibilities	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reason For Leaving	Your Name then, If Different

2	Company Name	Telephone (    )
	Address: Street/City/State/Zip	Employed (Enter Month & Year) From                      To
	Name of Supervisor & Title	Hourly Pay/Annual Salary Start                      Last
	Job Title & Responsibilities	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reason for Leaving	Your Name then, if different
3	Company Name	Telephone (    )
	Address: Street/City/State/Zip	Employed (Enter Month & Year) From                      To
	Name of Supervisor & Title	Hourly Pay/Annual Salary Start                      Last
	Job Title & Responsibilities	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reason for Leaving	Your Name then, if different

**EDUCATION**

NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA, DEGREE, OR COURSE OF STUDY
High School	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/Technical	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify)	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please complete if applicable to position applied for:

Registered Nurse License      Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_  
Certification Title              Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_  
Advanced Nurse Prescriber      Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Professional associations of which you are a member:

Special skills applicable to the job for which you have applied:

**PROFESSIONAL REFERENCES (Please include one former supervisor)**

Name	Occupation
Address: Street/City/State/Zip	How long known? Phone Number ( )
Name	Occupation
Address: Street/City/State/Zip	How long known? Phone Number ( )
Name	Occupation
Address: Street/City/State/Zip	How long known? Phone Number ( )

**ADDITIONAL INFORMATION**

Do you have pending charges or have you been convicted of a crime substantially related to the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Have you served in any of the U.S. Military Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain work experience gained:
What prompted you to apply at Options in Reproductive Care, Inc.? Ad/Paper or Journal-Name: Referral (specify): Career Fair: Other:

I hereby certify that the answers given by me to the above statements and questions are true and correct.

I understand that any misrepresentation made by me in this application will be considered sufficient cause for dismissal at any time during my employment without liability to this company.

I understand and agree that at no time, whether I am an employee of Options or not, will any information regarding clients of Options be revealed to anyone other than those authorized to receive it. I understand that giving such information to those not authorized to receive it is unlawful and shall be sufficient cause for my immediate dismissal.

I agree to any medical examination required by Options upon offer of employment and understand that my employment is contingent upon successful completion of the examination.

If employed, I agree to abide by all of the work and safety rules of the company.

I understand that a criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

I further understand that no representative of this company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of being hired by this company.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (to be signed in ink)

**AUTHORIZATION FOR REFERENCE REQUESTS**

**I have applied to Options in Reproductive Care, Inc., for employment and authorize them to contact references, past or present employers, and any other source of information which may be relevant to my application for employment. I authorize you to furnish any requested information and release you and your organization from all liability for any damage associated with providing the information.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT (to be signed in ink)

\_\_\_\_\_  
Date