

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by State, Federal or local law. It is the intent of Planned Parenthood of Greater Northern New Jersey, Inc. (PPGNNJ) to comply with all applicable Federal, State and local legislation concerning equal opportunity employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

Personal Information

NAME: Please PRINT or TYPE	Home and Cell Telephone Numbers () ()	
Address: Street# & Name, City, State, ZIP code	Number of years at present address	Message/Business Phone +Extension ()
PREVIOUS ADDRESS: Street# & Name, City, State, Zip Code	Number of years at previous address:	
E-mail Address:		
Can you, after employment, submit verification of you legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have reliable means of transportation to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a misdemeanor or felony or are you currently under arrest for a crime that has not yet been adjudicated? (A conviction will not necessarily disqualify you.) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain		

Employment Desired

Type of POSITION desired:	Date Available	Salary Requirements
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied to this organization before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by this organization before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How were you referred to this organization? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral* <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please explain below)		
*Name of Employee		

Education and Training

Educational Background	Graduate? (Y/N)	Degree	Major
High School			
College/University			
College/University			
Highest Degree Earned (Circle one only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate			
Please describe any additional education, vocational and/or professional information such as special areas of research or study, seminars, etc. relevant to the position for which you are applying			
Summarize any training skills, licenses, professional memberships and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Include computer skills.			

Employment Data

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST	
Company Name	Dates of Employment (From/To)
Address (Include Street, City, State & Zip Code)	
Position Title:	May We Contact? Yes [] No []
Salary:	
Supervisor name & title:	
Description of Job Duties:	
Reason for Leaving:	
Company Name	Dates of Employment (From/To)
Address (Include Street, City, State & Zip Code)	
Position Title:	May We Contact? Yes [] No []
Salary:	
Supervisor name & title:	
Description of Job Duties:	
Reason for Leaving:	
Company Name	Dates of Employment (From/To)
Address (Include Street, City, State & Zip Code)	
Position Title:	May We Contact? Yes [] No []
Salary:	
Supervisor name & title:	
Description of Job Duties:	
Reason for Leaving:	

Address (Include Street, City, State & Zip Code)	
Position Title:	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary:	
Supervisor name & title:	
Description of Job Duties:	
Reason for Leaving:	

TO BE COMPLETED BY PHYSICIANS, NURSES OR HOLDERS OF ANY PROFESSIONAL MEDICAL LICENSE.

List your professional licenses, the state of issuance and the expiration date(s).

Have you ever had your license suspended or revoked? If so, where and when? Explain the circumstances underlying this action. Yes No

Have you ever been convicted of a crime related to health care (including a plea bargain or other settlement with the authorities)? If so, please explain the circumstances. Yes No

Have you ever been excluded, suspended, or debarred from the Medicaid or Medicare program or any other state or federally funded benefit program? If so, please explain. Yes No

List any healthcare or related business in which you or a member of your family or household has a direct or indirect ownership or controlling interest of 5 percent or more. Include Medicaid or Medicare provider numbers for each.

Have any of the entities described above been fined, excluded, suspended or debarred from Medicaid, Medicare, or any of the state or federally funded programs? Yes No If so, please explain.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or terminate if employed by the company.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all right and claims I may have against the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and no implied, oral or written agreements contrary to the foregoing express language are valid unless are in writing and signed by the employer's president/CEO.

I understand that if I am hired, confidential information regarding Planned Parenthood of Greater Northern New Jersey, Inc. (PPGNNJ) may be available to me and that this information must not be disseminated or used except for PPGNNJ's benefit. If employed, I agree to keep all information about PPGNNJ, including such information about clients and employees, confidential and shall not disclose this information to any unauthorized personnel, whether within or without PPGNNJ.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

Applicants Signature

Date of Application

