

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	Social Security # - -	Home Telephone ()
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 felony? (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 Avail.	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

School Name & Location	Years From	To	Graduate? (Y/N)	Degree	Major/#Hours
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Circle one only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					College GPA
Please describe any additional education, vocational and/or professional information such as special areas of research or study, seminars, etc.					
If familiar with a foreign language, please describe your foreign language skills below.					
Why is this job of interest to you?					
Professional memberships, certificates or licenses held (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.). Supplement this information by written attachment, if applicable.					
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Computer Skills Please List:		<input type="checkbox"/> Other machines requiring special skills		

U.S. Military Service Data

Branch
List Special Training or Skills:

Employment Data

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			Personnel Use
Company Name	Dates of Employment From To		
Address (Include Street, City, State & Zip Code)			
Job Title – Start Job Title – Finish	Base Rate of pay Start Final		
Supervisor name & title:			
Description of Job Duties:			
Reason for Leaving:			
Company Name	Dates of Employment From To		
Address (Include Street, City, State & Zip Code)			
Job Title – Start Job Title – Finish	Base Rate of pay Start Final		
Supervisor name & title:			
Description of Job Duties:			

Reason for Leaving:		
Company Name	Dates of Employment From To	
Address (Include Street, City, State & Zip Code)		
Job Title – Start Job Title – Finish	Base Rate of pay Start Final	
Supervisor name & title:		
Description of Job Duties:		
Reason for Leaving:		

**Reference Data
Professional References We May Contact**

Name	Address	Phone
		()
		()
		()

Pre-Employment Certification

I understand that this application is only valid for the position applied for at present and that PPGNNJ is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize PPGNNJ to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

Initial

If employed by PPGNNJ, I will abide by organization policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination, and that my offer of employment may be may be conditional on that examination. I agree to authorize release of all results or information obtained from such physical examination.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by PPGNNJ. I recognize that the result of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by PPGNNJ, storage areas provided for me (locker, desk, etc.) are open to investigation by PPGNNJ without prior notice to me.

Initial

If I am employed by PPGNNJ I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of PPGNNJ or myself. I understand that, other than the President/CEO of PPGNNJ, no manager, supervisor or representative of PPGNNJ has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President/CEO of PPGNNJ has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to that at-will employment relationship, this constitutes the full, complete a final expression of the parties' intent concerning the nature of any employment relationship between PPGNNJ and myself.

Initial

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.

Director of Human Resources' Review

1. The Department of Health and Human Services' Office of Inspector General's (OIG) List of Excluded Individuals/Entities at <http://exclusions.oig.hhs.gov>.
2. The General Services Administration monthly listing of debarred contractors at <http://www.arnet.gov/epl>.

Candidate has not been listed on any of the above sites

Candidate has been listed on _____

Jackie Katz , Director of Human Resources

Date

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the arbitration provision set forth above. This application contains all the understandings and agreements between me and PPGNNJ concerning the nature of my employment, if any, by PPGNNJ and supersedes all prior and/or current practices, oral or written agreements, understandings, statements, representations and promises, express or implied between me and PPGNNJ. I understand and agree that, except as noted above, no person who is either an agent or employee of PPGNNJ may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicants Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature