

# PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY

## Application for Employment

Applications are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non job related medical condition or disability.

(Please print) Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

In Case of Emergency notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Dates Available for Employment \_\_\_\_\_ Salary Desired \_\_\_\_\_

Type of Employment Desired:  Permanent  Full Time  Summer  
 Temporary  Part-time  Internship

Referral Source:  Advertisement  PPMNJ Employee  
 Relative  Employment Agency  
 Walk-In  Other

If under age 18, can you furnish a work permit?  Yes  No

Can you provide proof of eligibility to work in the USA as required by the Immigration Control and Reform Act of 1986?  Yes  No

Do you have any relatives currently employed by PPMNJ?  Yes  No

If yes, please provide name and relationship \_\_\_\_\_

Have you ever applied for a position with PPMNJ?  Yes  No

If yes, when and for what position \_\_\_\_\_

Have you ever been employed by PPMNJ ?  Yes  No

If yes, when and what position did you hold \_\_\_\_\_

Have you been convicted of a felony within the past seven (7) years?  
(conviction will not necessarily disqualify applicant from employment)  Yes  No

If yes, please explain \_\_\_\_\_

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### EDUCATION

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL	POST GRADUATE
School				
Years Completed				
Diploma/Degree				
Course of Study				

Honors Recieved: \_\_\_\_\_

Specialty (i.e., RN, LPN, etc) \_\_\_\_\_

Are you licensed or registered in your specialty?  Yes  No

License Number \_\_\_\_\_ Date License \_\_\_\_\_

## SKILLS

Computer knowledge: (specify programs, IBM, MAC, Microsoft Word) \_\_\_\_\_

Word Processing skills: (identify software) \_\_\_\_\_

Spread Sheet skills: (identify software) \_\_\_\_\_

Data Base skills: (identify software) \_\_\_\_\_

Typing skills: \_\_\_\_\_ WPM

## EMPLOYMENT HISTORY

Give past employment starting with your present/most recent employer. Include summer employment (if space is insufficient list on next page, or attach resume.) For any unemployment or self-employed periods, show relevant dates.

COMPANY NAME/ SUPERVISOR	ADDRESS/ TELEPHONE NO.	EMPLOYMENT DATES	RATE of Pay	JOB TITLE/POSITION (Describe Duties Briefly)

May we contact your present employer?  Yes  No

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## OTHER

State any additional information you feel may be helpful to us in considering your application.

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List any foreign languages that you speak, read and/or write.

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**REFERENCES** Give the names of two persons not related to you, whom you have known at least one year.

NAME	ADDRESS/PHONE#	YRS. ACQUAINTED
1.		
2.		

### **SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which required government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Indicate if you wish to be identified in one of the following classes:

- |   |  |
|---|--|
| <input type="checkbox"/> Veteran of US Military Service | <input type="checkbox"/> Disabled Veteran    |
| <input type="checkbox"/> Vietnam Era Veteran            | <input type="checkbox"/> Disabled Individual |

If disabled and you require special accommodations, please explain: \_\_\_\_\_

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I certify that answers given are true & complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that this is not a contract of employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# **EMPLOYMENT APPLICATION**

**PLANNED PARENTHOOD OF  
METROPOLITAN NEW JERSEY**

**An Equal Opportunity Employer**