



Planned Parenthood of Southwestern Oregon Application for Employment

Planned Parenthood's Mission: To enable individuals to make informed, voluntary decisions about sexuality, reproduction and parenthood.

PERSONAL INFORMATION

Please type or print legibly (do not use pencil). A supplemental questionnaire is required for some positions. Please enclose questionnaire with application if needed. Prospective employees will receive consideration without discrimination due to sex, age, race, ethnicity, religion, national origin, disability, or sexual orientation.

POSITION FOR WHICH YOU ARE APPLYING				
LOCATION OF POSITION		DEPARTMENT OF POSITION		LOCATION OF APPLICATION PICK-UP
LAST NAME		FIRST NAME	M.I.	
MAILING ADDRESS (STREET OR PO BOX)			CITY	STATE ZIP
HOME TELEPHONE NUMBER	ALTERNATE PHONE NUMBER		E-MAIL ADDRESS	
DATE AVAILABLE FOR EMPLOYMENT	AVAILABLE EVENINGS/WEEKENDS? <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS		POSITION DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> EITHER	
AT THE TIME OF EMPLOYMENT CAN YOU VERIFY YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE LIST ANY OTHER NAMES YOU HAVE USED IN THE PAST FOR EMPLOYMENT OR EDUCATIONAL PURPOSES.		

EDUCATION

Please complete as much as you can.

Level	School Name and Location	Major Program	Credit Hours Earned	Degree Earned
High School				
College				
Ed. Certificate				

SKILLS AND ABILITIES

In the space provided, please list school courses or additional training, licenses, scholastic honors or other qualifications which have a bearing on your fitness for this position:

DO YOU SPEAK ANY LANGUAGES FLUENTLY BESIDES ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH LANGUAGE(S)?	HOW MANY WORDS PER MINUTE DO YOU TYPE?	WHAT COMPUTER OPERATING SYSTEMS ARE YOU FAMILIAR WITH?
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Please list all software programs with which you are proficient:

Please review the job description of the position for which you are applying. Can you perform the essential functions of the position without reasonable accommodation?

YES NO

EMPLOYMENT HISTORY

*Beginning with the most recent, list the jobs you have held in the last 10 years. Include any other related experience as well as volunteer work, even if that experience occurred more than 10 years ago. If your work history began less than 10 years ago, please state so by writing 'NO PREVIOUS WORK HISTORY' in the "employer" box following the last job you list. If additional space is needed, attach a sheet with information in the same format. **Do not substitute a resume in lieu of listing work experience or references.***

EMPLOYER: ADDRESS:	DATES EMPLOYED (MO/YR) FROM: TO: HRS/WK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER WAGE: \$ PER: <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR	SUPERVISOR'S NAME: TITLE: PHONE: () MAY WE CONTACT VIA PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION HELD:	REASON FOR LEAVING:	
DESCRIBE IN DETAIL, WORK PERFORMED, EQUIPMENT OPERATED, SKILLS EMPLOYED:		

EMPLOYER: ADDRESS:	DATES EMPLOYED (MO/YR) FROM: TO: HRS/WK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER WAGE: \$ PER: <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR	SUPERVISOR'S NAME: TITLE: PHONE: () MAY WE CONTACT VIA PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION HELD:	REASON FOR LEAVING:	
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POSITION HELD:	REASON FOR LEAVING:	
DESCRIBE IN DETAIL, WORK PERFORMED, EQUIPMENT OPERATED, SKILLS EMPLOYED:		

EMPLOYER: ADDRESS:	DATES EMPLOYED (MO/YR) FROM: TO: HRS/WK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER WAGE: \$ PER: <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR	SUPERVISOR'S NAME: TITLE: PHONE: () MAY WE CONTACT VIA PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION HELD:	REASON FOR LEAVING:	
DESCRIBE IN DETAIL, WORK PERFORMED, EQUIPMENT OPERATED, SKILLS EMPLOYED:		

Reference* Name & Occupation	Address	Phone	Nature of Association
		()	
		()	
		()	

**References should not be related to you and should be different than the supervisors listed above.*

SIGNATURE AND RELEASE

I hereby certify that the information provided in my application is freely given, true and complete. I understand that any false statements, answers or any misleading information may be sufficient grounds for immediate employment disqualification or dismissal at any time. I understand that Planned Parenthood may thoroughly investigate my work and educational history and verify data provided on this application or given during the selection process.

Signature

Date

Departmental Use Only

Application Received date:

Application Received by: