

APPLICATION FOR EMPLOYMENT

Planned Parenthood is an equal opportunity employer and supports workforce diversity. We do not discriminate on the basis of race, creed, color, national origin, religion, sex, sexual orientation, age, marital status, handicap, disability or status as a disabled veteran or veteran of the Vietnam Era.

POSITION(S) APPLYING FOR: _____ DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

TELEPHONE: (Home) _____ (Work) _____ E-MAIL ADDRESS: _____

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? _____ YES _____ NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ IF YES, PLEASE GIVE DATE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF YOUR IMMIGRATION STATUS? _____ YES _____ NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____ SALARY EXPECTATIONS \$ _____

FULL-TIME? _____ PART-TIME? _____ PER DIEM? _____

ARE THERE WORKPLACE ACCOMMODATIONS WHICH WOULD ASSURE BETTER JOB PLACEMENT AND/OR ENABLE YOU TO PERFORM YOUR JOB TO YOUR MAXIMUM CAPABILITY? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

PLEASE EXPLAIN WHY YOU ARE APPLYING FOR THIS POSITION AND ANY FACTS WHICH YOU BELIEVE ARE RELEVANT TO YOUR CONSIDERATION FOR THIS POSITION:

EDUCATION: PLEASE PROVIDE THE FOLLOWING INFORMATION:

	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School name:				
Please circle years completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/degree:				
Describe course of study:				

DESCRIBE ANY COMPUTER SKILLS TRAINING YOU HAVE RECEIVED: _____

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS: _____

PROFESSIONAL LICENSE #: _____ TYPE OF LICENSE: _____ EXPIRATION DATE: _____

SPECIAL SKILLS AND QUALIFICATIONS: (Please summarize special skills and qualifications acquired from employment, education or other experience.)

DO YOU SPEAK, READ OR WRITE ANY LANGUAGES OTHER THAN ENGLISH? YES: _____ LANGUAGE(s): _____
 NO _____

EMPLOYMENT EXPERIENCE: START WITH CURRENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND RELATED VOLUNTEER ACTIVITIES. **DO NOT WRITE REFER TO RESUME.**

May we contact your previous employers? Yes _____ No _____

Employer	Dates Employed	Work Performed
Address		
Job Title	Hourly Rate/Salary	
Supervisor	Telephone Number	
Reason for leaving		

Employer	Dates Employed	Work Performed
Address		
Job Title	Hourly Rate/Salary	
Supervisor	Telephone Number	
Reason for leaving		

Employer	Dates Employed	Work Performed
Address		
Job Title	Hourly Rate/Salary	
Supervisor	Telephone Number	
Reason for leaving		

If you need additional space, please write on the back.

REFERENCES: PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF AT LEAST THREE (3) FORMER SUPERVISORS:

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE REGION.

I UNDERSTAND THAT, IF EMPLOYED, I WILL BE REQUIRED TO COMPLETE AN ORIENTATION PERIOD SATISFACTORILY. I FURTHER UNDERSTAND THAT EITHER PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE REGION OR I CAN TERMINATE MY EMPLOYMENT AND COMPENSATION WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME.

Signature of Applicant

Date

