



# Planned Parenthood Southwest Ohio Region APPLICATION FOR EMPLOYMENT

Planned Parenthood Southwest Ohio Region is committed to hiring a diverse workforce and is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex, national origin, sexual orientation, age, or disability.

**Please complete entire application to ensure processing. Please print or type.**

Mail or fax completed and signed applications to: Human Resources, 2314 Auburn Avenue, Cincinnati, OH 45219. Fax: 513-721-2313

## PERSONAL INFORMATION

Date \_\_\_\_\_

\_\_\_\_\_  
First/Middle/Last Name

\_\_\_\_\_  
Home Area Code/Phone Number

\_\_\_\_\_  
Current Address (Include Street, City, State, Zip/Postal Code)

\_\_\_\_\_  
Alternate Area Code/Phone Number

1. Are you legally eligible for employment in the U.S.? Yes  No   
(Proof of eligibility will be required if hired.)
  
2. Since your 18<sup>th</sup> birthday, have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense? Yes  No   
(A yes answer may not automatically disqualify you from employment.)

## EMPLOYMENT DESIRED

\_\_\_\_\_  
Position

\_\_\_\_\_  
Location/Department

\_\_\_\_\_  
Desired Hours per Week

Are you available to work:  Evenings?  Saturdays?  Overtime?

How did you hear about employment opportunities at Planned Parenthood? \_\_\_\_\_

Have you ever worked for Planned Parenthood? \_\_\_\_\_ If yes, when & where? \_\_\_\_\_

EDUCATION SPECIAL SKILLS	Name and address of school	Number of months/years completed	Did you graduate?	Subject(s) studied and/or degree(s) received
High School			Yes    No	
G.E.D.			Yes    No	
College			Yes    No	
Graduate, Trade, or Business School			Yes    No	

List skills relevant to the position applied for \_\_\_\_\_

Computer Proficiency:  MS Word     MS Excel     MS PowerPoint     Microsoft Outlook     Internet  
 Other \_\_\_\_\_

Languages (other than English) that you speak fluently \_\_\_\_\_

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes  No

**FORMER EMPLOYERS & EXPERIENCE**

List below current and all previous employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

1.	Current or Most Recent Employer Name, Address, Type of Business	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Starting Date & Pay _____ \$ _____ Ending Date & Pay _____ \$ _____ If hourly, average # of hours per week _____
	Title & Duties Performed	Reason for leaving or considering change
	Supervisor's Name, Title, Area Code/Phone Number _____ May we contact? _____	
2.	Previous Employer Name, Address, Type of Business	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Starting Date & Pay _____ \$ _____ Ending Date & Pay _____ \$ _____ If hourly, average # of hours per week _____
	Title & Duties Performed	Reason for leaving
	Supervisor's Name, Title, Area Code/Phone Number _____ May we contact? _____	
3.	Previous Employer Name, Address, Type of Business	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Starting Date & Pay _____ \$ _____ Ending Date & Pay _____ \$ _____ If hourly, average # of hours per week _____
	Title & Duties Performed	Reason for leaving
	Supervisor's Name, Title, Area Code/Phone Number _____ May we contact? _____	
4.	Previous Employer Name, Address, Type of Business	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Starting Date & Pay _____ \$ _____ Ending Date & Pay _____ \$ _____ If hourly, average # of hours per week _____
	Title & Duties Performed	Reason for leaving
	Supervisor's Name, Title, Area Code/Phone Number _____ May we contact? _____	

I hereby authorize Planned Parenthood Southwest Ohio Region (herein known as PPSWO) to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by PPSWO to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that, should I be hired, all employment is for an unspecified term, and may be terminated at will by PPSWO or myself, at any time, with or without cause. I understand that filling out this application does not indicate there is a position open and does not obligate PPSWO to hire me.

I understand that I may be required to sign a confidentiality and/or non-compete agreement should I become an employee of PPSWO.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Planned Parent Southwest Ohio Region**

**AUTHORIZATION/CONSENT & RELEASE**

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize Planned Parenthood Southwest Ohio Region and/or the agent of its choosing to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

**I further authorize all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested with respect to my background, including any criminal records, to Planned Parenthood Southwest Ohio Region and/or its agent.**

I hereby voluntarily and knowingly release and discharge Planned Parenthood Southwest Ohio Region, the agent of its choosing and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

\_\_\_\_\_  
Applicant's full name (first, middle, last) (Please print)

\_\_\_\_\_  
Other names used and month/year changed

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth

\*NOTE: This information is voluntary; however, it is necessary for identification purposes for criminal record searches.

COMPLETE addresses of physical residence(s) for the past 7 years:

From \_\_\_\_\_ to Present \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

I certify that I have read and understand this entire document and that the information provided on this disclosure is correct to the best of my knowledge. I also agree that a copy of this document is as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date