

Employment Application

One of the fundamental beliefs guiding Planned Parenthood is that the respect and value for all types of diversity in all aspects of our organization are essential to our effectiveness and organizational well-being.

Upper Hudson Planned Parenthood is an equal opportunity employer, committed to attracting and retaining a talented and diverse workforce. All qualified applicants receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age or veteran status.

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Can you provide proof of age upon hire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you show proof of legal right to work in the U.S. upon hire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a reliable means of transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you looking for full or part time employment?	Full <input type="checkbox"/>	Part <input type="checkbox"/>
Are you available evenings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:		
Are you available on Saturdays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:		
Do you have friends or relatives currently employed at UHPP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		

SKILLS AND ABILITIES

Please list any other courses, additional training, licenses, scholastic honors or other qualifications which have a bearing on your fitness for this position:

Please list all software programs with which you are proficient:

Do you speak any languages fluently besides English? YES NO If yes, which language(s)?

Please review the job description of the position for which you are applying. Can you perform the essential functions listed? YES NO

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL INFORMATION
Why are you interested in working at Upper Hudson Planned Parenthood?
<p style="text-align: center;">Please note that you are encouraged to submit a cover letter and/or resume in addition to submitting this required application.</p> <p style="text-align: center;">Please submit to:</p> <p style="text-align: center;">Upper Hudson Planned Parenthood, 855 Central Avenue, Albany, NY 12206 or jobs@uhpp.org or 518.434.8153 (fax)</p>

BACKGROUND INFORMATION	
Have you ever been convicted of a crime other than a traffic misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please specify:
Have you ever had your medical license suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Have you ever been convicted of a crime related to health care (including plea bargain or settlement with the authorities)? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Have you ever been excluded, suspended, or debarred from the Medicaid or Medicare programs or any other state or federally funded benefit program? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements on this application shall be considered sufficient cause for rejection of my candidacy or, if employed, dismissal. Additionally, I understand that Upper Hudson Planned Parenthood reserves the right to conduct a background check on any person seeking employment within the UHPP organization.</p> <p>In consideration of my employment, I agree to conform to the policies, rules and regulations of Upper Hudson Planned Parenthood (UHPP). My employment and compensation can be terminated, with or without cause at any time, at the option of either UHPP or myself. I understand that no officer, supervisor or representative of UHPP other than the Executive Director has any authority to enter into any agreements contrary to the foregoing.</p>	
Signature	Date