



Mid-Atlantic Women's Care, PLC

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

** required fields*

Date

Name*

Last

First

MI

S/S No.

Present Address

Street

City

State Zip

Permanent Address

Street

City

State Zip

Phone No.*

Are you 18 years of age or older?

Y

N

Can you, after employment, submit verification of your legal right to work in the United States?

Y

N

EMPLOYMENT DESIRED

Position

Date you can start

Salary desired

Are you employed now? Y N

May we inquire of your present employer?

Y

N

Ever applied to this company before? Y N

Where?

When?

Referred by

Have you ever been convicted of a felony?

Y

N

(Note: a conviction will not necessarily disqualify applicant from the desired position.)

EDUCATION

Location

Years attended

Did you graduate?

Subjects studied

Grammar School

High School

College

Trade, Business or Correspondence School

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y N. If no, describe the functions that cannot be performed:

(Note: Mid-Atlantic Women's Care, PLC will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Employment may be subject to passing a medical examination.)

GENERAL

Subjects of special study or research work

Special skills

Activities (civic, athletic, etc.)

(exclude organizations whose name indicates the race, creed, sex, age, marital status, color or national origin of its members)

US Military or

Naval Service

Y

N

Rank

Present membership in

National Guard or Reserves

Y

N

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Date - MO/YR Name and address Salary Position Reason for leaving

From

To

From

To

From

To

Which of these jobs did you like best?

What did you like most about that job?

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

Name Address and phone Business Years acquainted

In case of emergency notify

Name

Address

Phone

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL" AND AS SUCH IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE. THIS "AT-WILL" EMPLOYMENT RELATIONSHIP CAN ONLY BE CHANGED IN WRITING SIGNED BY THE EXECUTIVE DIRECTOR OF MID-ATLANTIC WOMEN'S CARE, PLC.

SUBMISSION OF THIS APPLICATION DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT, ONLY A REQUEST TO INQUIRE ABOUT CAREER OPPORTUNITIES.

I AGREE * DATE*