



Mid-Atlantic Women's Care, PLC

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date

** required fields*

Name* S/S No.
Last First MI

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

EDUCATION

	Location	Years attended	Did you graduate?	Subjects studied
Grammar School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School	<input type="text"/>			
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade, Business or Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Present membership in

Naval Service Y N Rank

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 <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/>	<input type="text"/>			
From <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/>	<input type="text"/>			
From <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/>	<input type="text"/>			

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of emergency notify

Name	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Signed _____ Date _____