

Employment Application

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APPLICANT INFORMATION			
Last Name	First	M.I.	SSN - -
Street Address		Apartment/Unit #	
City	State	ZIP	
Telephone () -		Email	
Position Applied for		Desired Hours Per Week	
Days Available to Work (circle all that apply) M T W Th F S		Are you open to working early (7am) or late (7pm) appointments? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain?	
Date Available for Work		Desired Salary	

EDUCATION <i>please list additional education on separate piece of paper</i>			
High School		City/State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, highest grade completed:
Vocational/Technical School		City/State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College/Advanced Degree		City/State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certification
Please list other relevant certifications, courses, training, skills or experience:			

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



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PREVIOUS EMPLOYMENT		
Company (<i>most recent</i>)		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 (<i>second most recent</i>)		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 (<i>third most recent</i>)		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"/>		

CERTIFICATIONS/LICENSURE	
Do you have professional license or certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what field?
State(s) in which licensure/certification held?	License #/Expiration:
Professional memberships	

DISCLAIMER AND SIGNATURE	
<p>I certify that the above information is correct and complete to the best of my knowledge. I understand that omissions or false statements on this application are cause for denial of employment or subsequent dismissal. I authorize Madison Women's Health, LLP to contact my former employers for references (where indicated) and to conduct a criminal background check. I agree, if employed, to abide by the policies and procedures of Madison Women's Health, LLP. I understand that, if employed, I will be an "at will employee" and may terminate my employment or be terminated by Madison Women's Health, LLP at any time, for any reason.</p>	
Signature	Date

MADISON WOMEN'S HEALTH, LLP
APPLICANT DISCLOSURE STATEMENT AND AUTHORIZATION FOR
CONSUMER REPORT/BACKGROUND INVESTIGATION

Federal law requires an employer to make a disclosure statement and to obtain written authorization from an applicant/ employee prior to obtaining a "Consumer Report" for employment purposes.

By this document, Madison Women's Health, LLP ("MWH") is disclosing to you that: In processing your application for employment, or any time during your employment period, MWH may conduct an investigation of your background by obtaining a Consumer Report relating to you from a Consumer Reporting Agency of its choice. The report may contain, but is not limited to, information regarding your prior employment, education, criminal record, military record, verification of credentials, and/or driver's license history.

No consumer report will be used in violation of any Federal or State Equal Employment Opportunity law or regulation. If MWH intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with a copy of the report and a description of your rights under the Fair Credit Reporting Act.

My signature below indicates that I have read and understand the above Disclosure Statement and hereby authorize MWH to obtain a Consumer Report as part of the pre-employment background investigation, or for employment purposes, during my employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for MWH to obtain consumer reports at any time during my employment period. To assist MWH in completing a Consumer Report the following information is provided:

_____ Full Name (Printed)

_____ Date of Birth

_____ Social Security Number

_____ Drivers License # & State

Please list all previous names up to and including your present name for the last 10 years (Include maiden name, previous married names, aliases, etc.)

Name	Year First Used

Please list your current place of residence, as well as all previous residences for the past 10 years. (Include City, State, and County.)

City, State, County	Date: From - To (Include Month and Year)

Signature _____

Date _____