



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment**

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 NO

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 NO

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 NO

**Certifications/Licensure**

Do you have a professional license or certification? YES  NO  If yes, what field? \_\_\_\_\_

State(s) in which certifications/licensure held? \_\_\_\_\_ License #/Expiration: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes**

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**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 \_\_\_\_\_