



APPLICATION FOR EMPLOYMENT

Women's Care, Inc. is an equal opportunity employer. Women's Care, Inc does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protect by law.

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Are you 18 years of Age or older? (If no, you may be required to provide authorization to work: YES NO
 Are you eligible to work in the U.S? YES NO

EMPLOYMENT DESIRED:

Position Applied for: _____ Date you can start work: _____

Hourly rate/Salary desired: _____ Number of hours per week desired: _____

Are you able to meet attendance requirement? YES NO

Do you have any objections to overtime? YES NO

Have you ever applied to Women's Care, Inc. before? YES NO

If yes, when did you apply? _____

Do you have family members working at Women's Care, Inc.? YES NO

Are you able to perform the essential functions of job for which you are applying, with or without a reasonable accommodation? YES NO

GENERAL:

How did you hear about us? _____

Any special skills pertinent to this position: _____

EDUCATION:

EDUCATION	School Name/Location	No. of Years Attended	Did you graduate? Degree	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY: Please include last seven (7) years of employment history, including periods of unemployment.

Date Month and Year	Name, Address, and Telephone Of Employer	Position Held	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

Other Skills and qualifications: _____

REFERENCES

(Do not include relatives or previous employers)

Name	Address	Phone Number	Business	Years Acquainted

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Women’s Care, Inc. to hire me. If I am hired, I understand that either Women’s Care Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Women’s Care, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given Women’s Care, Inc. true and complete information on this application. No requested information has been concealed. I authorize Women’s Care, Inc. to contact references provided for employment reference checks. If any information I provided is untrue or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature: _____ Date: _____



Employee Background Check

Applicant Information:

Legal Name (Print):

First: _____

Middle Initial: _____

Last: _____

Aka Name(s): _____

Current Address

Number and Street Name: _____

City: _____ State: _____

Zip: _____

Social Security Number: _____ Date of Birth: _____

Phone: _____

Email Address: _____

Have you ever been convicted of a felony? YES NO

If yes, please describe: _____

I hereby authorize Women's Care, Inc. to obtain the following information with my application for employment, or, if hired, at anytime during my employment: criminal and/or employment records. By signing this form you are allowing Women's Care, Inc. to access any data provided maintained in these files which applies under the statute and authorize this background to be performed. I acknowledge that Women's Care, Inc. has informed me that it may use this information in evaluating my application for employment, and in Women's Care, Inc. decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with Women's Care, Inc. I hereby authorize Women's Care, Inc. to make use of the above referenced information and release Women's Care, Inc. and any entity that provides information to Women's Care, Inc. from liability in connection with this information. Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment.

Signature: _____ Date: _____

Previous Address - Past 5 Years

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____