



## 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

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:**

Have you ever been convicted of a crime in the last 7 years? YES NO

If yes, please explain. \_\_\_\_\_

(A conviction will not automatically bar employment)

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.**

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

Other Skills and qualifications: \_\_\_\_\_

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**REFERENCES**

(Do not include relatives or previous employers)

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Business</b>	<b>Years Acquainted</b>

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: \_\_\_\_\_