

Position(s) applied for	Date of application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip
Telephone Number(s)	Social Security Number	
	/ /	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No
If yes, give date _____

May we contact your present employer? Yes No

Are you prevented from lawfully being employed in this country because of visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony within the past 7 years? Yes No

Conviction will not necessarily disqualify an application from employment.

If yes, please explain _____

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Indicate any languages other than English you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, experience with office equipment, or relevant extra-curricular activities.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title /Supervisor			
Reason for Leaving			

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Reason for Leaving			

If you need additional space, please continue on a separate piece of paper.

<p>List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.</i></p>

What relevant factors influenced your decision to apply for this position with Planned Parenthood?

What particular interests do you have which you would like to pursue as you work in this capacity?

What special abilities or assets do you possess which would be of value in your work here?

Please respond to the following scenario: You are answering the telephone in a PPCO clinic. A caller asks you if you think abortion is murder. How would you respond and why?

Describe your understanding of PPCO's mission, in your own words:

What is your understanding of Planned Parenthood as an agency?

1.	
Name	Daytime Telephone
Address:	
2.	
Name	Daytime Telephone
Address:	
3.	
Name	Daytime Telephone
Address:	

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPURTINTY EMPLOYER