



# Women's Health *Associates*

333 N. 1<sup>st</sup> St., Suite 240  
Boise, ID 83702  
208-338-8900  
www.womenshealthboise.com

## Employment Application

An Equal Opportunity Employer

Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please write legibly. **DO NOT** substitute "See Resume" for information requested on the application form. **PLEASE PRINT**, except for the required signature. All information provided will be available only to persons who have a "need to know" or as required by law. The Company will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid **ONLY** for the position listed below.

### Applicant Information

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

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Are you under 18 years of age YES  NO

Date Available: \_\_\_\_\_ Which Type of Employment are you seeking: Full  Part-time  Temporary

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

Are you authorized to work in the U.S.? *Federal Law requires proof of identity and employment authorization for all new employees* YES  NO

Have you ever worked for this company? YES  NO  Dates of employment and reason for leaving: \_\_\_\_\_

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (misdemeanor or felony). *A conviction will not necessarily disqualify and applicant.* YES  NO

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

After reviewing the job description for the position to which you have applied, are you able to perform the essential job functions with or without reasonable accommodation? YES  NO

### Education

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

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

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

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

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

Did you graduate?    YES    NO    Degree/Certification: \_\_\_\_\_  
   

**References**

*Please list three professional references.*

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

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

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

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your current employer?    YES    NO  
   

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions: \_\_\_\_\_

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**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.**

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

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

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.