

APPLICATION FOR EMPLOYMENT

Planned Parenthood in Waco
P.O. Box 1459
Waco, Texas 76703

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION. If a portion is not applicable, please indicate so.

Position(s) applied for _____ Date of Application ____/____/____

Personal Information

Name: _____ Social Security # _____
Address: _____ City, State, Zip: _____
Email: _____
Preferred Telephone: mobile home work : _____ If necessary, best time to call you home is : ____ am/pm.
Other Phone: mobile home work : _____
Other Phone: mobile home work : _____ May we contact you at work? Yes No
If yes, best time to call: ____:____ am/pm
How did you hear about Planned Parenthood? walk-in newspaper _____ friend/family _____
 website _____ other _____

General Information

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A If no, please explain _____
Have you submitted an application here before? Yes No If yes, give date(s) and position(s) _____
Have you ever been employed here before? Yes No If yes, give dates FROM ____/____/____ TO ____/____/____
Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No
Have you ever been convicted of a felony or misdemeanor? Yes No
A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.
If yes, please explain [if necessary, please attach additional sheet(s)]:

Availability

Type of employment desired: Full time or Part time Regular Employee Educational Co-op Seasonal Temporary
Please check schedule availability: _____ Date available for work: ____/____/____
 I am available to work FULL TIME (40 hours/week) and have no restrictions on my availability. (If you have restrictions, please indicate below - B.)
 I am available and would like to work PART TIME (fewer than 40 hours per week – please complete A and B below).
A. I am only available for PART TIME because student other job other: _____
B. I am available the following days and times: _____
Will you work overtime if required? Yes No If no, please explain _____
What is your desired salary range or hourly rate of pay? \$ _____ Per _____
Would you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Interest

Please tell us why you are interested in working at Planned Parenthood in Waco.

Employment History

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (1) AND CONTINUE WITH ALL PAST EMPLOYMENT.
ATTACH ADDITIONAL SHEET(S) IF NECESSARY.

IF YOU HAVE A RESUME, PLEASE ATTACH AND COMPLETE ALL SECTIONS BELOW EXCEPT JOB TITLE AND DUTIES.

| | | | |
|---|----------|-----------------|---|
| 1 | EMPLOYER | TELEPHONE | Dates Employed _____ to _____ MONTH /YEAR MONTH /YEAR |
| STREET ADDRESS | | CITY STATE | Compensation (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
| STARTING JOB TITLE | | FINAL JOB TITLE | Compensation (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
| TYPE OF WORK & JOB RESPONSIBILITIES | | | TYPE OF BUSINESS: |
| WHAT DID YOU LIKE MOST ABOUT THIS POSITION? | | | WHAT DID YOU LIKE LEAST ABOUT THIS POSITION? |
| IMMEDIATE SUPERVISOR & TITLE (FOR MOST RECENT POSITION) May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | REASON FOR LEAVING (please explain) |

| | | | |
|---|----------|-----------------|---|
| 2 | EMPLOYER | TELEPHONE | Dates Employed _____ to _____ MONTH /YEAR MONTH /YEAR |
| STREET ADDRESS | | CITY STATE | Compensation (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
| STARTING JOB TITLE | | FINAL JOB TITLE | Compensation (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
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| | | | |
|---|----------|-----------------|---|
| 3 | EMPLOYER | TELEPHONE | Dates Employed _____ to _____ MONTH /YEAR MONTH /YEAR |
| STREET ADDRESS | | CITY STATE | Compensation (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
| STARTING JOB TITLE | | FINAL JOB TITLE | Compensation (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
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| IMMEDIATE SUPERVISOR & TITLE (FOR MOST RECENT POSITION) May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | REASON FOR LEAVING (please explain) |

| | | | |
|---|----------|-----------------|---|
| 4 | EMPLOYER | TELEPHONE | Dates Employed _____ to _____ MONTH /YEAR MONTH /YEAR |
| STREET ADDRESS | | CITY STATE | Compensation (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| | | | \$ _____ per _____ Commission/Bonus/Other Compensation |
| STARTING JOB TITLE | | FINAL JOB TITLE | Compensation (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
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EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability: _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Do you speak languages other than English? yes no

Language: _____ speak write read

Language: _____ speak write read

Skills (Check all in which you are proficient.)

- Clerical Data Entry Receptionist Customer Service Legal Medical
 Social Work Counseling Fundraising Training/Education

MS OFFICE: Word # years: _____ Excel # years: _____ Powerpoint # years: _____ Access # years: _____

INTERNET/WEB: Outlook # years: _____ Email # years: _____ Website Design # years: _____

ACCOUNTING: AR/AP # years: _____ Quickbooks # years: _____ Peachtree # years: _____ Payroll # years: _____

DATABASE: Donor Perfect # years: _____ Filemaker Pro # years: _____

EDUCATIONAL BACKGROUND

| EDUCATION LEVEL | NAME AND LOCATION OF SCHOOL | CIRCLE LAST YEAR ATTENDED | GRADUATED | Major Subject | Specify Degree or Certification |
|--------------------------|-----------------------------|---------------------------|---|---------------|---------------------------------|
| HIGH SCHOOL | | 9 10 11 12 | <input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____ | | |
| COLLEGE | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____ | | |
| GRADUATE SCHOOL | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____ | | |
| BUSINESS TRADE, OR OTHER | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____ | | |

PERSONAL OR BUSINESS REFERENCES

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you. Attach an additional sheet, if necessary.

| Name | Title | Relationship to You | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

Please exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Planned Parenthood in Waco (this employer) is true, complete, and correct.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that if hired, I agree to abide by all of Planned Parenthood in Waco's rules and regulations, and understand that, if employed, I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for a specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, regardless of when or how it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I acknowledge that I have read, understand, and fully accept the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date

AUTHORIZATION FOR BACKGROUND CHECKS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims, and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local, and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of Planned Parenthood, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Planned Parenthood with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Print your Name: _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____ / _____ / _____

Drivers License State/ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Gender (M/F): _____

Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number: _____

I, _____, hereby authorize PPCT/PPW to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that PPCT/PPW will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission by not signing below and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date