

APPLICATION FOR EMPLOYMENT



Personal:

Name _____ Date _____

Last First Middle

Phone Number _____ Email _____

Address _____

Number & Street City State Zip Code

Position Sought _____

Date Available _____ Salary Desired _____

Social Security Number _____ Are you over 18 years of age? _____

Are you legally eligible for employment in the United States? _____

If offered employment, you will be required to provide documentation to verify eligibility.

Education: Please indicate education or training which you believe qualifies you for the position you are seeking.

Number of High School Years Completed: 1 2 3 4 Diploma Received? Yes No G.E.D.? Yes No

Number of College and/or Vocational School Years Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of College or Vocational School: _____ Degree Earned: _____

Other Training or Certificates: _____ Provided by: _____

Professional License or Membership:

Type of License(s) Held _____

State of Indiana License Number _____

Professional Memberships _____

You need not disclose memberships in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Employment History: List last employer first, including U.S. Military Service.

May we contact your present employer? Yes No

If employment is under a different name, indicate name _____

Employer _____ Address _____
 Telephone _____ Position _____
 Length of Employment _____ Supervisor _____ Department _____
 Salary _____ Duties _____
 Reason for Leaving? _____

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If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.
 Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? ____ Yes ____ No
 If yes, explain:

References: Provide three Professional References, including name address and phone number.

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Believe Midwifery Services, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release Believe Midwifery Services, LLC from any / all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____