



EMPLOYMENT APPLICATION

Institute for Women's Health Northeast OB/GYN Northeast Pediatric Associates

CIWH is an **Equal Employment Opportunity Employer**, and provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, handicap, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal law. Please contact Human Resources to request accommodations when completing this application.

Applicant Information

Full Name: _____ Date: _____

Address: _____
Street Address City State Zip

Phone: _____ Email: _____

Position Applied for: _____ Desired Salary: \$ _____

Which Division Are You Applying With?

___ Institute for Women's Health ___ Northeast OB/GYN ___ Northeast Pediatric Associates

Are you legally authorized to work in the U.S. and have documentation verifying this authority? ___ Yes ___ No

Are you at least 17 years of age? ___ Yes ___ No When are you able to start? _____

Referral Source: ___ Employee: Name of Referring Employee _____
___ Advertisement: Which publication? _____
___ Walk-in ___ Website ___ Social Media: Source _____
Other: _____

Are You Able To Work: ___ Full-time ___ Part-time ___ Temporary ___ Day ___ Evening ___ Weekends ___ Holidays

Specify days and hour, if part-time or temporary: _____

Have you ever worked for ANY of the CIWH divisions? ___ Yes ___ No
(If yes, which division and when? _____)

Do you have any family members that work with any of the CIWH divisions? ___ Yes ___ No
(If yes, which division and who? _____)

Do you have any commitments to another employer that might affect your employment with us?
___ Yes ___ No If Yes, please explain: _____

Do you understand it may be necessary for you to work a schedule based on staffing needs?
___ Yes ___ No

Have you ever been committed of any crimes?
___ Yes ___ No

Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

Education

High School: _____ City & State: _____

Did you graduate? Yes No Diploma: _____

College: _____ City & State: _____

Did you graduate? Yes No Degree: _____

Graduate School: _____ City & State: _____

Did you graduate? Yes No Degree: _____

Business, Technical: _____ City & State: _____

GED, Other From: _____ To: _____ Did you graduate? Yes No Degree: _____

Professional Licenses/Certifications

List any **certifications** or **professional licenses** you have had or currently hold:

Type: _____ State Issued: _____ Date: _____ Number: _____

Type: _____ State Issued: _____ Date: _____ Number: _____

Employment History

Begin with **CURRENT** or **MOST RECENT** employer. Additional information may be placed on a separate sheet of paper and attached. Incomplete information may hold up an offer of employment.

Company: _____ Phone: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Employed from: _____ to _____ Reason for leaving: _____

May we contact this employer/supervisor for a reference? Yes No

May we contact this employer/supervisor for a reference after an offer of employment is accepted? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Employed from: _____ to _____ Reason for leaving: _____

May we contact this employer/supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Employed from: _____ to _____ Reason for leaving: _____

May we contact this employer/supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Employed from: _____ to _____ Reason for leaving: _____

May we contact this employer/supervisor for a reference? Yes No

Please explain any gaps in employment? _____

Have you had disciplinary problems with your current/previous employers? ___ Yes ___ No

If yes, please explain: _____

Relevant military experience: ___ Yes ___ No Dates of Service: From: _____ to _____

Rank during service: _____ Duties performed: _____

List any languages that you speak fluently: _____ Read/Write: _____

If you have knowledge of any of the following, please check all that apply:

___ Word ___ Outlook/Email ___ Excel ___ Power Point ___ EMR (Electronic Medical Records)

List other systems you have experience using: _____

The position you are applying for may require that you travel to different medical offices.

Do you have reliable transportation? ___ Yes ___ No

References

Please list at least three **(3) professional references**. Personal references such as friends and family **WILL NOT** be accepted.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Applications will only be accepted for positions that are currently available. Should you have the appropriate qualifications for the position for which you are applying and are selected for an interview, you will be contacted by this office. Unfortunately, we cannot interview all candidates applying for employment. Prospective employees will be considered on qualifications and without discrimination because of race, creed, color, gender, age, national origin, or disability. Applicants may request any needed accommodations to participate in the employment application process.

Consultants in Women's Health

AGREEMENT (Please Read Carefully)

Your interest in Consultants in Women's Health, PLLC, and its entities (hereinafter referred to as EMPLOYER) is appreciated. We comply with state and federal laws regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship status, age or disability, if otherwise qualified with or without reasonable accommodations.

I understand and agree that this application for employment will be considered "active" by EMPLOYER for a period of thirty (30) days after it is submitted to EMPLOYER by me, and after that time EMPLOYER will assume I no longer desire to seek a position here. I understand that if I want to be considered for employment with EMPLOYER beyond that time, I must complete and submit a new application for employment to EMPLOYER as evidence of my continued interest and availability.

I certify that all of the information given by me on this application, during the interview process, or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I understand and agree that in the processing of my application, it is necessary for EMPLOYER and or its agents to verify the information provided therein by obtaining reports such as a "consumer report" and/or an "investigative report" which will consist of personal information regarding me, including but not necessarily limited to, credit history, work references, educational experience, criminal convictions, and other public record information. I understand that information on the nature and scope of this inquiry will be available to me upon written request. I agree to submit to any lawful drug or alcohol testing that may be required either as a condition for employment or for continued employment. I understand and agree that refusal to submit to such testing may result in disciplinary action, including termination.

It is agreed and understood that this application for employment in no way obligates the EMPLOYER to employ me. If employed, I agree and understand that my employment is for no definite duration and may be terminated at will by either the EMPLOYER or me. It is agreed and understood by me that participation in any of the benefit programs of the EMPLOYER does not create a contract of employment for a definite period of time. Additionally, the Employment Handbook or other statements of Company policy is not a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the Chief Executive Officer (CEO) has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and be signed by both parties.

In the event of my employment, any EMPLOYER materials entrusted to me during the course of my employment will be returned to the EMPLOYER on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters pertaining to the entities' patients. I understand that I will be required to sign a HIPAA/Patient Confidentiality statement consistent with this paragraph as a condition of employment.

I agree and understand that should the EMPLOYER loan me any money or property during the course of my employment and that said loan is not paid off or property not returned prior to the termination of my employment with the EMPLOYER, the EMPLOYER may deduct money from my final pay to the extent allowed by law, and I will remain responsible for paying off any remainder of said amount immediately.

I agree and understand that if I am employed, I must abide by all of the existing EMPLOYER policies, rules, and procedures as well as policies, rules and procedures established by the EMPLOYER from time to time, which includes but is not limited to substance testing.

I understand that according to federal law all individuals must provide documents which either verify their identity as a U.S. citizen or verify their legal authorization to work in the United States. I understand that any offer of employment is conditional upon my ability to produce this documentation within the time required by law.

Signature of Applicant

Printed Name of Applicant

Date

Other Names Used