



Date: _____

Application for Employment

We appreciate your interest in Elizabeth Wende Breast Care. Elizabeth Wende Breast Care offers equal opportunities to all persons without regard to race, color, religion, age, sex, disability, national origin, ancestry, citizenship, military or veteran status, marital status, sexual orientation, domestic violence victim status, predisposing genetic characteristics or genetic information, or any other status protected by law. Applicants who require reasonable accommodation during the application process may contact Kim Scott (kscott@ewbc.com).

Personal Information

Name: _____ Telephone: _____
First M.I. Last

Present Address: _____
Street City State Zip

E-mail address: _____

- If under 18 years of age, do you have a work permit? Yes No
- Are you legally eligible for employment in the United States? Yes No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

Employment Desired

Position(s) applied for: _____ Date you can start: _____

Have you ever worked for this company before? Yes No

When: _____ Supervisor: _____

Reason for leaving: _____

Education

Highest Grade Completed:

Grade School 1 2 3 4 5 6 7 8 | High School 9 10 11 12 | College 1 2 3 4

Name of last school attended: _____ Degree Obtained: _____

License, Vocational or Trade Training: _____ or License and License #: _____

Professional References

Please give the names of three persons not related to you, whom you have known professionally at least three years.

Name	Address	Telephone	Years Known
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

Employment History

List all your work experience (starting with your most recent employer). Please account for all periods of unemployment in this section. You may attach additional sheets of paper.

Dates Employed:		Employer Information:	
From:	To:	Name of Employer:	
		Address:	
Salary			
Start:	Job Title:		
Finish:	Name of Supervisor:		

Briefly describe your job duties and work experience:

Reason for Leaving:

Dates Employed:		Employer Information:	
From:	To:	Name of Employer:	
		Address:	
Salary			
Start:	Job Title:		
Finish:	Name of Supervisor:		

Briefly describe your job duties and work experience:

Reason for Leaving:

Dates Employed:		Employer Information:	
From:	To:	Name of Employer:	
		Address:	
Salary			
Start:	Job Title:		
Finish:	Name of Supervisor:		

Briefly describe your job duties and work experience:

Reason for Leaving:

May we contact your present employer at this time? Yes No

Applicant's Statement

I understand that if I am hired, my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing and that any such agreement must be in writing signed by the Company President. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

Date: _____ Applicant's Signature: _____