

**ALASKA WOMEN'S HEALTH, PC**

3260 Providence Drive, Suite 322  
Anchorage, AK 99508  
(907) 563-5151

**Applications for Employment**

PLEASE PRINT

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.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Walk-In  
 Government Employment Agency  Private Employment Agency  
 Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle (Maiden)

**Address** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_  
Street City State Zip Code

**Social Security No.** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_ **Mobile/Beeper/Other Phone** ( ) \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_  AM  PM

May we contact you at work?  Yes  No If yes, work number and best time to call ( ) \_\_\_\_\_  
\_\_\_\_\_  AM  PM

Have you submitted an application with us before?  Yes  No If yes, give dates \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No Date available? \_\_\_\_\_

What is your desired salary range? \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired?  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of this position?  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)?

Yes  No  Need more information about essential functions to respond

Have you ever been bonded?  Yes  No

**Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.**

Have you ever pleaded "guilty" or "no contest" to OR been convicted of a crime OR are you under current investigation?  Yes  No

If yes, please provide \_\_\_\_\_  
date(s) and details: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information of your past and current employers, assignments, or volunteer activities (use last page of this document if you need more space). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE	FINAL JOB TITLE	Compensation (Starting) \$ PER	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		Compensation (Final) \$ PER	What did you like most about your position?
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			What did you like least about your position?

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE	FINAL JOB TITLE	Compensation (Starting) \$ PER	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		Compensation (Final) \$ PER	What did you like most about your position?
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MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			What did you like least about your position?

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IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		Compensation (Final) \$ PER	What did you like most about your position?
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			What did you like least about your position?

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

Other Comments: \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

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

If yes, please explain:

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**SKILLS and QUALIFICATIONS**

Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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Do you speak, read, or write in any language other than English?  Yes  No

If yes, please describe: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List last three (3) schools you attended, starting with the most recent. List the number of years completed. Indicate the degree or diploma earned, if any. Enter grade point average or class rank. Enter your major and minor fields of study (if applicable).

SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE DIPLOMA	GPA CLASS RANK	MAJOR	MINOR

**REFERENCES**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER	NO. OF YEARS KNOWN
			(   )	
			(   )	
			(   )	

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and any offices held.

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 any special accomplishments, publications, awards, etc.

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.

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List any additional information you would like us to consider.

### Applicant Statement

Please check each box to indicate that you have read and understand each statement.

- I certify that all information I have provided in order to apply for and secure work with Alaska Women's Health, PC is true, complete, and correct.
- I understand that any offer of employment may be contingent on passing a job-related test and/or satisfactory completion of a background examination including criminal and/or credit references.
- I expressly authorize, without reservation, Alaska Women's Health, PC, its representatives, employees, or agents to contact and obtain information from all available references (personal and professional), employers, public agencies, licensing authorities, credit bureau, legal authorities (criminal reports), and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
- I understand that Alaska Women's Health, PC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.
- I understand that this application remains current for only sixty (60) days. At the conclusion of that time, if I have not heard from Alaska Women's Health, PC and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Alaska Women's Health, PC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Alaska Women's Health, PC 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 Administrative Director.
- I understand that if hired I will be required to comply with all rules and regulations of Alaska Women's Health, PC. I understand that corporate benefits, rules, and regulations may be changed, modified, deleted, or added to by the corporation at any time, at the company's sole option and without any prior notice.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an 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) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT AND INDICATED SUCH BY CHECKING THE BOX BY EACH STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Applicant's "Electronic" Signature: (By typing your name you agree to the above.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature: (At time of interview.)

\_\_\_\_\_  
Date

**ADDENDUM (if additional space is necessary)**

Use this area to enter any pertinent information that you did not have room for in the above application. Please indicate which question you are answering.

**I certify that I have read, fully understand, and accept all terms of the foregoing addendum to the Applicant Statement.**

\_\_\_\_\_  
**Applicant's "Electronic" Signature:** (By typing your name you agree to the above.)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature:** (At time of interview.)

\_\_\_\_\_  
**Date**