



## Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Date Available				Desired Salary	
Position Applied for					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

### Consent Statement for Reference Checks

I am applying for a position with Anchorage Women's Clinic. I hereby request and authorize the parties listed below to provide the attached information, whether favorable or unfavorable to me.

I hereby release the parties listed below from any and all liability of any kind, including but not limited to defamation, invasion of privacy and breach of confidentiality, arising out of or related to this reference request and my potential employment with Anchorage Women's Clinic.

I specifically agree to immediately pay all costs and attorney's fees incurred by any party listed below or its agents and employees an amount equal to any and all damage assessed against them as a result of a claim made by me or my behalf.

REFERENCES	
<b>Please provide three past supervisor's with current contact information for references</b>	
Full Name	Job Title
Company	Phone
Address	
Full Name	Job Title
Company	Phone
Address	
Full Name	Job Title
Company	Phone
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date