



# Employment Application

Options for completing this form (RED highlight indicates a required field):

**To send your application via email:**

1. Fill in the form online, then right-click on any page and Save the PDF file to your computer.
2. Attach the file to an email message with Subject: Employment Application.
3. Send it to: [life@womenschoicecenter.org](mailto:life@womenschoicecenter.org).

**To mail your application via USPS or to FAX it:**

1. Fill in the form online, then print it –or– print the blank form and fill it out by hand.  
If filling it by hand, please use blue or black ink and PLEASE PRINT.

2. Mail it to: Women's Choice Center  
2740 Happy Joe Drive Suite 2  
Bettendorf, IA 52722

Or FAX it to 563-332-0575

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**POSITION DESIRED:** \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES  NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

\_\_\_\_\_

Date you can start \_\_\_\_\_ Hourly Rate/Salary Desired \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES  NO

(Proof of identity and eligibility required upon employment)

Are you over the age of 18 years? YES  NO

Have you ever worked for this Company before? YES  NO  Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES  NO  If yes, who and where do they work?

\_\_\_\_\_

Have you ever done any volunteer work? YES  NO  If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

\_\_\_\_\_

Availability: Available for Full-Time Employment Available for Part-Time Employment

If Part-Time, indicate days available:

M T W Th F

**EDUCATION**

|                            | Name and Location of School | Course of Study | No. of Years Completed | Diploma or Degree Received |
|----------------------------|-----------------------------|-----------------|------------------------|----------------------------|
| High School                | _____                       | _____           | _____                  | _____                      |
| College                    | _____                       | _____           | _____                  | _____                      |
| Vocational or Trade School | _____                       | _____           | _____                  | _____                      |
| Graduate Work              | _____                       | _____           | _____                  | _____                      |

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?

YES [\_\_\_] NO [\_\_\_] If yes, please describe:

\_\_\_\_\_

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

\_\_\_\_\_

Are you currently employed? YES [\_\_\_] NO [\_\_\_] If yes, may we contact your employer? YES [\_\_\_] NO [\_\_\_]

If presently employed, why are you considering leaving?

**EMPLOYMENT** Start with your current or most recent position

|  |                             |
|--|-----------------------------|
| <b>NAME OF EMPLOYER</b>                            | Phone Number                |
| _____  | _____                       |
| Full Address (Including Street, City, State & Zip) | Supervisor's Name and Title |
| _____  | _____                       |
| DATES EMPLOYED: From Month/Day/Year                | To Month/Day/Year           |
| _____  | _____                       |

**Describe the Work Performed**

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**EMPLOYMENT** continued

**NAME OF EMPLOYER**

Phone Number

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Full Address (Including Street, City, State & Zip)

Supervisor's Name and Title

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DATES EMPLOYED:      From Month/Day/Year      To Month/Day/Year

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**Describe the Work Performed**

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**NAME OF EMPLOYER**

Phone Number

---

Full Address (Including Street, City, State & Zip)

Supervisor's Name and Title

---

DATES EMPLOYED:      From Month/Day/Year      To Month/Day/Year

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**Describe the Work Performed**

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**NAME OF EMPLOYER**

Phone Number

---

Full Address (Including Street, City, State & Zip)

Supervisor's Name and Title

---

DATES EMPLOYED:      From Month/Day/Year      To Month/Day/Year

---

**Describe the Work Performed**

ADDITIONAL INFORMATION

Use this area if more space is necessary

**PERSONAL AND PROFESSIONAL REFERENCES** Give three references (not relatives or employers)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address (Including Street, City, State Zip) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address (Including Street, City, State Zip) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address (Including Street, City, State Zip) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please type your full name and the current date.

Typing your name above indicates your agreement to the above statement.

**IF MAILING THE PAPER APPLICATION, MAIL TO:**

Women's Choice Center  
2740 Happy Joe Drive Suite 2  
Bettendorf, IA 52722