

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification. This application will expire in 45 days from date application received.

Name _____ Date _____
(AS APPEARS ON SOCIAL SECURITY CARD)

Address _____
STREET CITY STATE ZIP

Home Telephone # _____ Cell Telephone # _____

Social Security # _____ Email Address _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Position(s) Applied For

1. _____ 2. _____

Wage/salary desired? \$ _____ When can you start? _____

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred Part-time Full-time Are you willing to work overtime as required? Yes No

Do you speak another language besides English? If yes, which one(s)? _____ Fluent Conversational Read or Write Only

How did you learn of this opening?

Friend who works at Planned Parenthood of Indiana — name: _____

Relative who works at Planned Parenthood of Indiana — name of relative: _____ Relationship: _____

Newspaper Ad — name of newspaper: _____

Internet — name of website: http://www. _____

Other — specify: _____

Are any of your relatives employed by Planned Parenthood of Indiana? If so, please give name of relative(s): _____

Have you worked at Planned Parenthood in the state of Indiana before? Yes No If yes, dates: _____

Have you ever been convicted of a felony? Yes No (A conviction will not necessarily result in denial of employment.)

If yes, describe conditions: _____

<u>High School Education</u>	Name and Location of School	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Diploma/Degree
<u>College/University Education</u>	Name and Location of School	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Diploma/Degree
<u>Other Education</u>	Name and Location of School	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Diploma/Degree

Work History

Fill out completely, even if attaching a resume! If you need additional space, please continue on back of application.
(Start with current or most recent employer.)

Employer:	Dates Employed		Description of Duties:
Address:	From:	To:	
	Hourly Rate/Salary		
Telephone Number:	Starting:	Final:	
Job Title:	Supervisor:		
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Dates Employed		Description of Duties:
Address:	From:	To:	
	Hourly Rate/Salary		
Telephone Number:	Starting:	Final:	
Job Title:	Supervisor:		
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Dates Employed		Description of Duties:
Address:	From:	To:	
	Hourly Rate/Salary		
Telephone Number:	Starting:	Final:	
Job Title:	Supervisor:		
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Dates Employed		Description of Duties:
Address:	From:	To:	
	Hourly Rate/Salary		
Telephone Number:	Starting:	Final:	
Job Title:	Supervisor:		
Reason for Leaving:			

May we contact this employer? Yes No

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our company (i.e., *equipment you can operate, computer skills, etc.*)?

Applicant's Certification and Agreement

- I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.
- I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I also understand that in accordance with Planned Parenthood of Indiana Policies, a drug test and background check may be required. Failure to submit to a drug test or a positive result will forfeit any job offer, or will result in immediate termination from employment if already employed.
- If hired, I agree to abide by all of the Planned Parenthood of Indiana rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Planned Parenthood of Indiana or me. I further understand that no representation, whether oral or written by any representative or agent of the Planned Parenthood of Indiana, at any time, can constitute a contract of employment. I understand that the Planned Parenthood of Indiana and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Planned Parenthood of Indiana has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President and CEO or Vice President of Finance and Administration, or to make any agreement contrary to the foregoing.
- I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant's Signature _____ Date _____

Please mail applications to: Planned Parenthood of Indiana, P.O. Box 397, Indianapolis, IN 46206

Hiring Manager to Complete Below:

Phone Screen? Yes No _____ If yes, Date: _____

Face to Face Interview? Yes No _____ If yes, Date: _____

Offer Extended? Yes No _____ If yes, Date: _____

Planned Parenthood of Indiana, Inc.
Consent to Procure Background Check and Credit Report

I understand that, as a condition of my consideration for employment or as a condition of my continued employment with Planned Parenthood of Indiana, that Planned Parenthood of Indiana may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Planned Parenthood of Indiana's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Planned Parenthood of Indiana will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Planned Parenthood of Indiana. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date of Birth

Printed Name of Applicant or Employee

Date