

Children's & Women's Physicians of Westchester, L.L.P.

Employment Application

Children's and Women's Physicians of Westchester, L.L.P. (CWPW) is an equal opportunity employer and does not unlawfully discriminate in employment. Applicants are considered without discrimination with regard to race, color, religion, sex, national origin, age, disability or other protected status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. CWPW maintains a drug-free and smoke-free workplace.

Date of Application ___/___/___ Position Applying for: _____
Type of employment desired: Full-Time Part-Time Other (specify) _____

LAST NAME	FIRST NAME	MIDDLE	
ADDRESS (_____) _____	CITY	STATE	ZIP
HOME PHONE	SOCIAL SECURITY NUMBER		

May we contact you at work? _____ Yes _____ No
 If yes, work number and best time to call: _____
Are you able to meet the attendance requirements? _____ Yes _____ No
Do you have any objection to working overtime if necessary? _____ Yes _____ No
Can you travel if required by this position? _____ Yes _____ No
Have you ever been previously employed by CWPW? _____ Yes _____ No
Do you have any relatives employed by CWPW? _____ Yes _____ No
 If yes please indicate relatives name and division: _____
Are you legally eligible for employment in this country? _____ Yes _____ No
 (Proof of U.S. citizenship or immigration status will be required upon employment)
If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No
Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No
If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us? _____

Date available to start work: _____

Skills/Qualifications: Please summarize any job-related training, skills, licenses, certificates or other qualifications: _____

Education: List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent:

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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I hereby authorize CWPW to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and others supplies. I also hereby release from liability CWPW and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or CWPW can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of CWPW not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____