

## **Employment Application**

		App	licant I	nforma	ation			
Full Name:							Date:	
	Last	Firs	t			М.І.		
Address:	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			F	Email				
Date Availal	ole: Soc	cial Securit	y No.:			Desired	l Salary: <u>\$</u>	
Position App	olied for:							
Can you wo	rk Saturdays and/or evening		NO					
Can you sho	ow proof of age upon hire?	YES	NO					
	ow proof of legal right to work States upon hire?	(in YES	NO					
Have you ev	ver worked for this company?	YES	NO	If yes,	when?_			
Have you hat for this comp	ave friends or family that wor pany	k YES	NO	If yes,	who?			
			Educ	ation				
High School	:		Address:					
From:	To:	Did you g	raduate?	YES	NO	Diploma:		
College:			Address:					
From:	To:	Did you g	raduate?	YES	NO	Degree:		
Other:			Address:					
From:	To:	Did you g	raduate?	YES	NO	Degree:		
			Refere	ences				
Please list t	three professional reference	es.						
Full Name:						Relation	ship:	
Company:						Ph	none:	

Address:					
Full Name:				Relationship:	
Company:					
Address:					
Full Name:				Relationship:	
Company					
Address:					
	Previous E	Employme	ent		
Company:				Phone:	
A dalua a a .					
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your previous	ous supervisor for a reference?	YES	NO		
Company:				Phone:	
A data a a .				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your previo	ous supervisor for a reference?	YES	NO		
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your previous	ous supervisor for a reference?	YES	NO		

Personal Statement						
Why are you interested in working at UHPP?						
Disclaimer and Signature						
I certify that the facts set forth in this Application for Employment are true and complete to the best of my						
knowledge. I understand that false statements on this application shall be considered sufficient cause for						
rejection of my candidacy or, if employed, dismissal. Additionally, I understand that Upper Hudson Planned						
Parenthood reserves the right to conduct a background check on any person seeking employment within the						
UHPP organization and appropriate documentation will be provided to me.						
In consideration of my employment, I agree to conform to the policies, rules and regulations of Upper Hudson						
Planned Parenthood (UHPP). My employment and compensation can be terminated, with or without cause at						
any time, at the option of either UHPP or myself. I understand that no officer, supervisor or representative of						
UHPP other than the CEO/President has any authority to enter into any agreements contrary to the foregoing.						
Signature: Date:						

Please note that you are strongly encouraged to submit a cover letter and/or resume in addition to submitting this required application. Please submit to:

Upper Hudson Planned Parenthood, 855 Central Avenue, Albany, NY 12206 or jobs@uhpp.org or 518.434.8153 (fax)