



## Application for Employment

Omni Women's Health Medical Group, Inc., considers applicants for all positions without regard to race, color, religion, gender, national origin, age, veteran status, marital status, sexual orientation, non-job-related disabilities or any other legally protected status. If employed, this form becomes a part of your permanent record.

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  

Last
First
Middle

All Names Used In the Past: \_\_\_\_\_  

Last
First
Middle

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

Number
Street
City
State
Zip

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Name of any relatives working for Omni Women's Health: \_\_\_\_\_

Referral source:  Ad  Friend  Relative  Agency  Internet  Other

Position applied for: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Have you previously applied with this company?  Yes  No Are you under 18? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (A positive response will not necessarily affect your eligibility to be hired.)  
 If yes, please explain: \_\_\_\_\_

Have you used illegal drugs within the past three (3) weeks?  Yes  No

Are you currently under arrest for any crime, other than for possession of less than one ounce of marijuana more than two years ago, which has not been resolved (i.e., pending trial, etc.)?  Yes  No

Are you able to perform the duties of the position for which you are applying, including regular attendance?  Yes  No

U.S. Military or Naval Service?  Yes  No Rank: \_\_\_\_\_ Citations/Awards: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No If so, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and control Act of 1986?  Yes  No

Have you  signed an  employment agreement, non-compete agreement, confidentiality agreement, or non-disclosure agreement with a current or former employer?  
Yes No If yes, explain: \_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Are you available to work: (Check all that apply.)

- Full-time
  Part-time
  Shift-work
  Temporary
  On-call
  Overtime

### Employment Experience

Please list present or most recent employer first. If additional space is needed, continue on a separate sheet of paper. Please fill out this section completely, even if you are attaching a resume. You must account for all time. If you were unemployed for any period, state the nature of your activities during that time.

<b>Employer:</b>	Starting Date	Job Title
Address:	Ending Date	Reason for leaving
City:                      State/Zip	Starting Salary \$                      per	Duties
Supervisor Name:              Phone	Ending Salary \$                      per	
Title	May we Contact?	
<b>Employer:</b>	Starting Date	Job Title
Address:	Ending Date	Reason for leaving
City:                      State/Zip	Starting Salary \$                      per	Duties
Supervisor Name:              Phone	Ending Salary \$                      per	
Title	May we Contact?	
<b>Employer:</b>	Starting Date	Job Title
Address:	Ending Date	Reason for leaving
City:                      State/Zip	Starting Salary \$                      per	Duties
Supervisor Name:              Phone	Ending Salary \$                      per	
Title	May we Contact?	

Have you been discharged or asked to resign from a position (s) or a job?       NO       YES  
 Explain reasons:

Please explain any gaps in work history:

Education and Training					
Education Level	School Name	City/State	Last Grade Completed	Major	Degree/Diploma
High School					
College/University					
Graduate School					
Trade/Vocational					

### References

Please provide the name, title, address, and phone number of three references.

- 1.
  
- 2.
  
- 3.

**Professional licenses and certifications**

Type	State	Exp Date	Registration Number

**Agreement**

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are true and correct without consequential omissions of any kind whatsoever. I agree that if employed by Omni Women’s Health Medical Group, Inc, any false statements, answers or omissions made by me in this application may subject me to immediate termination of employment at any time. If employment is obtained under this application, I will comply with all offers, rules, policies, procedures and regulations of Omni Women’s Health Medical Group, Inc. I also authorize my prior employers, educational institutions and any other persons named above to give to Omni Women’s Health Medical Group, Inc. or their agent(s) any and all information concerning my previous employment, education, or any other pertinent information. I hereby release said past employers, schools or persons from all liability for any damage whatsoever from furnishing this information and also release Omni Women’s Health Medical Group, Inc. And all of its employees from all liability resulting from Omni Women’s Health Medical Group, Inc. reliance on the information furnished.

I understand and agree that my employment is “at will” and therefore my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or Omni Women’s Health Medical Group, Inc. option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with Omni Women’s Health Medical Group, Inc.

Please sign \_\_\_\_\_ Date \_\_\_\_\_

I understand and acknowledge the following:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver’s license if my job requires me to drive in the course of my work.
4. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of Omni Women’s Health, no supervisor or manager may alter or amend the above conditions. Only the President of the Corporation has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
5. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of both a drug and alcohol screen and a post-offer medical examination.
6. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.
7. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by application laws.
8. I understand and agree to arbitrate any dispute or controversy, both statutory and nonstatutory, concerning or in any way relating to my employment or prospective employment with the Company, in accordance with the rules of the Judicial Arbitration and Mediation Service or a mutually agreeable arbitrator. I further understand and agree that, as a condition of employment, I may be required to enter into an employment agreement which will among other things, include an agreement to arbitrate all disputes arising out of my employment or the termination of my employment.

9. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.
10. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.
11. I authorize investigation of all statements contained in this application and supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
12. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through eleven (11) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President of the Omni Women's Health.

Date: \_\_\_\_\_  
Signature \_\_\_\_\_

Telephone Number You Can Be Reached At: \_\_\_\_\_