



Victoria Women's Clinic
 110 Medical Dr Ste 100
 Victoria, TX 77904
 (361) 578-5233

Application for Employment

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The Victoria Women's Clinic (VWCA) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice.

NAME _____
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS _____
(Street) (City) (State) (Zip) (Work Phone, Optional)

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____

List exact title of position or type of work and location for which you wish to apply:

Do you have any relatives working for this agency? If so, list names and relationships:

Full-Time Part-Time Summer Temp/Project Date available for work? _____ Are you at least 17 years of age? Yes No

Are you willing to work hours other than 8-5? Yes No What days are you unable to work? _____

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes No If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$				
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										
Specific reason for leaving:										
Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$				
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										
Specific reason for leaving:										

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:				Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>		
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Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>			If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>				
						\$	Supervisory/Managerial <input type="checkbox"/>				

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:				Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>		
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Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>			If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>				
						\$	Supervisory/Managerial <input type="checkbox"/>				

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware.

Approximately how many words per minute do you type? _____

Sign Language (If required for this position) Yes No

Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No
If yes, what language(s) do you speak? _____

How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No
If yes, which language(s) _____

Have you ever been employed by VWCA? Yes No

Are you currently employed by VWCA? Yes No

If you have been previously employed by VWCA list the job title:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
4. If filling this form electronically type name below, you will be given an opportunity to sign upon interviewing.

THIS APPLICATION MUST BE SIGNED

SIGN HERE:

X

Signature – Applicant

Date