

# Consultants In Women's Health

## ***EMPLOYMENT APPLICATION***

### **Instructions for Completion**

**Please read the following information carefully before completing this application**

1. Please print all responses or write information clearly and legibly.
2. Answer every question applicable to the job for which you are applying. A resume may be attached, but does not substitute for completion of all questions on the application. Any unanswered questions may be considered a reason for rejecting your application.
3. Read the information on the back and be sure to sign the application
4. After the completion of the application, you may forward it to:

Consultants In Women's Health, PLLC  
1210 Arion Parkway  
San Antonio, Texas 78216

Applications will only be accepted for positions that are currently available. Should you have the appropriate qualifications for the position for which you are applying and are selected for an interview, you will be contacted by this office. Unfortunately, we cannot interview all candidates applying for employment. Prospective employees will be considered on qualifications and without discrimination because of race, creed, color, gender, age, national origin, or disability. Applicants may request any needed accommodations to participate in the employment application process.

## APPLICATION FOR EMPLOYMENT

**EQUAL OPPORTUNITY EMPLOYER:** *Consultants in Women's Health, PLLC, provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, handicap, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws.*

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PLEASE PRINT IN INK

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street Address City State Zip

How May We Contact You?:  Home: \_\_\_\_\_  Work: \_\_\_\_\_  Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Are you at least 17 years of age? \_\_\_ Yes \_\_\_ No

Are you legally authorized to work in the U.S. and have documentation verifying that authority? \_\_\_ Yes \_\_\_ No

Position Applying For: \_\_\_\_\_ Second Preference: \_\_\_\_\_

Which Division Are You Applying With?  Northeast OB/GYN Associates  Institute for Women's Health

Referral Source: \_\_\_ Employee \_\_\_ Walk-in \_\_\_ Other Explain: \_\_\_\_\_  
\_\_\_ Website \_\_\_ Advertisement Which Publication?: \_\_\_\_\_

Are you available to work: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ 8 hr Shift \_\_\_ 10 hr Shift  
\_\_\_ Day \_\_\_ Evening \_\_\_ Weekends \_\_\_ Holidays

Specify days and hours if part-time or temporary: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

Do you understand it may be necessary for you to work a schedule based on our staffing needs? \_\_\_ Yes \_\_\_ No

Are you related to anyone working at Institute for Women's Health or Northeast OB/GYN Associates?:  
\_\_\_ Yes \_\_\_ No To whom: \_\_\_\_\_

Have you ever been employed at Institute for Women's Health or Northeast OB/GYN Associates?:  
\_\_\_ Yes \_\_\_ No If yes, which Division and list dates employed: \_\_\_\_\_

Have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering "yes" is *not* an automatic bar to employment, but will be considered in relation to specific job requirements.)  
\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Do you need any special accommodations in order to perform your job duties?  
\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Have you ever been sanctioned by the Department of Health and Human Services with regard to the Medicare/Medicaid program? \_\_\_ Yes \_\_\_ No

EDUCATION	Name & Location of School	No. of Years Completed	Graduate?	Major Field
High School		9 10 11 12		
College/Univ.		1 2 3 4		
Graduate School		5 6 7 8		
Business, Technical, GED, Other				

**Qualifications** - Describe your skills and qualifications:

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**Professional Licenses:**

Are you currently:  Registered  
 Licensed  
 Certified

Type of Licensure: \_\_\_\_\_  
State Issued: \_\_\_\_\_ Date: \_\_\_\_\_ No#: \_\_\_\_\_

**Professional Certifications:**

Are you eligible for:  Registration  
 Licensure  
 Certification

Describe: \_\_\_\_\_

List any languages that you fluently speak: \_\_\_\_\_ Read/Write: \_\_\_\_\_

Do you have a valid driver's license in the State of Texas? \_\_\_\_ Yes \_\_\_\_ No

Military Experience? \_\_\_\_ Yes \_\_\_\_ No

If yes, which branch? \_\_\_\_\_ Rank and Nature of Separation: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with the most recent employment and list all the jobs you have held. Additional information may be placed on a separate sheet of paper and attached.

<b>From</b>	<b>To</b>	<b>Employer</b>	<b>Type of Business</b>	<b>Telephone No.</b>
<b>Job Title</b>		<b>Address</b>		
<b>Supervisor/Title</b>		<b>Describe the nature of work performed and job responsibilities</b>		
<b>Reason for Leaving</b>				
<b>Rate of Pay</b>		<b>Hourly Rate/Salary: Start \$ _____ per _____ End \$ _____ per _____</b>		
<b>From</b>	<b>To</b>	<b>Employer</b>	<b>Type of Business</b>	<b>Telephone No.</b>
<b>Job Title</b>		<b>Address</b>		
<b>Supervisor/Title</b>		<b>Describe the nature of work performed and job responsibilities</b>		
<b>Reason for Leaving</b>				
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<b>Reason for Leaving</b>				
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<b>Reason for Leaving</b>				
<b>Rate of Pay</b>		<b>Hourly Rate/Salary: Start \$ _____ per _____ End \$ _____ per _____</b>		

**Comments:** (Including any gaps in employment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact the employers listed above or on your resume, if applicable? \_\_\_ Yes \_\_\_ No  
 If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

Have you had disciplinary problems with any previous employer(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please name the employer and describe the circumstances: \_\_\_\_\_  
 \_\_\_\_\_

For the purpose of verifying educational, professional and employment records, please indicate any name by which you have been known other than the name under which you are applying: \_\_\_\_\_

If you have knowledge of any of the following, please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Word          | <input type="checkbox"/> Excel                                     |
| <input type="checkbox"/> Outlook/Email | <input type="checkbox"/> PowerPoint                                |
| <input type="checkbox"/> MOMS          | <input type="checkbox"/> EMR Programs (Electronic Medical Records) |
| <input type="checkbox"/> IDX/GE        | Which one?   |

**References:** List Personal References (Other than relatives or former employers) who know your abilities.

<b>Name</b>	<b>Address</b>	<b>Phone #</b>	<b>Occupation</b>	<b>Years Known</b>

**CONSULTANTS IN WOMEN'S HEALTH maintains a SMOKE-FREE environment,  
except in designated areas.**

**AGREEMENT (Please Read Carefully):**

Your interest in Consultants in Women's Health, PLLC (hereinafter referred to as EMPLOYER) is appreciated. We comply with state and federal laws regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship status, age or disability if otherwise qualified with or without reasonable accommodations.

I understand and agree that this application for employment will be considered "active" by EMPLOYER for a period of thirty (30) days after it is submitted to EMPLOYER by me, and after that time EMPLOYER will assume I no longer desire to seek a position here. I understand that if I want to be considered for employment with EMPLOYER beyond that time, I must complete and submit a new application for employment to EMPLOYER as evidence of my continued interest and availability.

I certify that all of the information given by me on this application, during the interview process, or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I understand and agree that in the processing of my application, it is necessary for EMPLOYER and or its agents to verify the information provided therein by obtaining reports such as a "consumer report" and/or an "investigative report" which will consist of personal information regarding me, including but not necessarily limited to, credit history, work references, educational experience, criminal convictions, and other public record information. I understand that information on the nature and scope of this inquiry available to me upon written request. I agree to submit to any lawful drug or alcohol testing that may be required either as a condition for employment or for continued employment. I understand and agree that refusal to submit to such testing may result in disciplinary action, including termination.

It is agreed and understood that this application for employment in no way obligates the EMPLOYER to employ me. If employed, I agree and understand that my employment is for no definite duration and may be terminated at will by either the EMPLOYER or me. It is agreed and understood by me that participation in any of the benefit programs of the EMPLOYER does not create a contract of employment for a definite period of time. Additionally, the Employment Handbook or other statements of Company policy is not a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the President or Medical Director have the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and be signed by both parties.

In the event of my employment, any EMPLOYER materials entrusted to me during the course of my employment will be returned to the EMPLOYER on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters affecting or relating to the business of the EMPLOYER including, without limiting the generality of the foregoing, its services, its manner of operation, its plans, and any other "proprietary information". I understand that I will be required to sign a confidentiality/conflict of interest statement consistent with this paragraph as a condition of employment.

I agree and understand that should the EMPLOYER loan me any money or property during the course of my employment and that said loan is not paid off or property not returned prior to the termination of my employment with the EMPLOYER, the EMPLOYER may deduct money from my final pay to the extent allowed by law, and I will remain responsible for paying off any remainder of said amount immediately.

I agree and understand that if I am employed, I must abide by all of the existing EMPLOYER policies, rules, and procedures as well as policies, rules and procedures established by the EMPLOYER from time to time, which includes but is not limited to substance testing, and no visible tattoos or body piercings.

I understand that according to federal law all individuals must provide documents which either verify their identity as a U.S. citizen or verify their legal authorization to work in the United States. I understand that any offer of employment is conditional upon my ability to produce this documentation within the time required by law.

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Signature of Applicant

Printed Name of Applicant

Date