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**PROFESSIONAL REFERENCES – List 3 people who can provide information on your past work performance.**

Name	Phone Number	Employer	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been excluded from participating in the Medicare program? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**ADDITIONAL COMMENTS** - Provide other information you want us to know about your job related skills, experience, etc.

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If you are hired by Women’s Health Specialists (WHS), you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by WHS.

I understand that any employment is conditioned on a background check. I authorize WHS to thoroughly investigate all statements contained in my application and resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to WHS, without giving me prior notice of such disclosure. In addition, I release WHS, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or WHS. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon WHS unless made in writing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by WHS and as permitted by law. I consent to such tests, and I request that the results be disclosed to WHS. These results will remain confidential and segregated from my personnel file. I understand my employment, or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired a condition of my employment will be that I abide by WHS’ Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate WHS to hire. If hired, I agree to abide by all WHS work rules, policies and procedures. WHS reserves the right to revise its policies and procedures, in whole or in part, at any time.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_