

New Birth Company Employment Application

New Birth Company's vision is to be the best place to work in birth. We seek motivated, caring and competent staff members to join our team. New Birth Company is an equal opportunity employer. If you are interested in seeking employment, please fill out this application form, background check consent, attach relevant supporting documentation and return to New Birth Company.

Position desired: _____

Location desired: _____

Applicant Demographics (Required)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Mobile # _____ Home # _____

Email: _____

Birthdate _____ Social Security # _____

Drivers License # _____

Are you known to employers/references/schools by another name? _____

Why do you want to join New Birth Company? (Attach separate page if more room needed)

Highest Level of Education Attained:

Institution: _____

Degree: _____

Licenses/Registrations (If appropriate, attach copy of midwifery, nursing, license and certification documents)

State: _____ License # _____

Has your license ever been suspended or revoked? _____ If yes:

When: _____ Where: _____

Work Experience - List your last two employers *or* last two positions, starting with the most recent.

1. Employer _____ From: _____ To: _____

Full-time Part-time Number of hours per wk: _____ Ending Pay \$:

Title:

Duties:

Supervisor's Name _____ Supervisor's Phone Number _____

2. Employer _____ From: _____ To: _____

Full-time Part-time Number of hours per wk: _____ Ending Pay \$ _____ per _____

Title:

Duties:

Supervisor's Name _____ Supervisor's Phone Number _____

Other Related Experiences: Please describe here any other related professional certifications, honors, special skills, qualifications, or experiences not mentioned elsewhere.

Have you ever been convicted of a felony? Yes No

A conviction record will not necessarily bar an applicant from employment. Individual circumstances will be considered relative to the job requirements. For consideration, please attach a letter of character reference.

New Birth Company has a smoke and tobacco free policy.

AFFIRMATION

I affirm that I am legally able to work in the United States and that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that New Birth Company may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application. I understand and agree that this is only an application and not an offer of employment. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge.

SIGNATURE OF APPLICANT

DATE