



## APPLICATION FOR EMPLOYMENT

Patients' Advocates' & Wellness (P.A.W.) Union is an equal opportunity employer committed to maintaining a diverse, mission-driven workforce. We maintain that policy in recruitment, hiring, career advancement, and all other human resources practices. Your job related experience and other qualifications will be considered without discrimination on grounds of age, race, color, religion, sex, physical or mental disability, sexual orientation, veteran or other protected status. All information in this application will be treated confidentially.

How did you find out about P.A.W. Union(choose all that apply)?

NPHR Website \_\_\_\_\_ Job Board \_\_\_\_\_ Recruiter Contact \_\_\_\_\_

Employee Referral \_\_\_\_\_ Other (Name of Source) \_\_\_\_\_

Type of employment desired: Temporary    Temp-to-Hire    Direct Hire    Executive  
 (Circle all that apply)

### PERSONAL INFORMATION

Position applied for(check all that apply)::

Program Development & Public Relations \_\_\_\_\_

Fundraising & Event Coordinator \_\_\_\_\_

Personal Patient Advocate \_\_\_\_\_

Administrative Assistant \_\_\_\_\_

Last Name:	
First Name:	
Date of Birth:	



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Street Address:	
Cellular Phone #:	
Business Phone #:	
Email Address:	

Have you ever applied for employment with us? Yes or No	
If yes, Month & Year:	
If hired, will you be able to furnish proof that you are eligible to work in the United States? Yes No	
Are you over the age of 18?	
Date Available to Work:	
Minimum Salary Requirement: \$ / hour	
\$ / year	



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**EMPLOYMENT HISTORY**

Please list your three most recent employers, assignments, or volunteer activities.  
Please attach any explanations for gaps in employment.

# 1. Employer:

Telephone #:

Dates Employed(from-to):

Address:

Annual Salary:

Job Title Starting:

Job Title Ending:

Immediate Supervisor (Name and Title):

May we contact him/she for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later \_\_\_\_\_

Reason for Leaving:	
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#2. Employer:

Telephone #:

Dates Employed(from-to):

Address:

Annual Salary:

Job Title Starting:

Job Title Ending:

Immediate Supervisor (Name and Title):



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May we contact him/she for a reference? Yes\_\_\_\_\_ No\_\_\_\_\_ Later\_\_\_\_\_

Reason for Leaving:	
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#3. Employer:

Telephone #:

Dates Employed(from-to):

Address:

Annual Salary:

Job Title Starting:

Job Title Ending:

Immediate Supervisor (Name and Title):

May we contact him/she for a reference? Yes\_\_\_\_\_ No\_\_\_\_\_ Later\_\_\_\_\_

Reason for Leaving:	
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**EDUCATIONAL BACKGROUND**

#1. Post-Graduate Institution Name & City:	
# of Years Attended:	
Graduated: Yes or No	
Degree(s) Attempted/Received:	
Trade School Course(s):	
Major:	

#2. Post-Graduate Institution Name & City:	
# of Years Attended:	
Graduated: Yes or No	
Degree(s) Attempted/Received:	
Trade School Course(s):	
Major:	



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Name & City of High School	
Year Completed:	

**EMPLOYMENT REFERENCES**

Please list names, titles and contact information for three business/work references. These references should be professional references. Please do not list personal friends or relatives:

#1. Name and Title:	
Telephone # and Email address:	
Relationship and Organization:	

#2. Name and Title:	
Telephone # and Email address:	
Relationship and Organization:	

**PROFESSIONAL MEMBERSHIPS**

Please list professional, business or civic associations and any offices held related to the position that you're applying for:



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Organization(s):	
Office(s) Held: Please list any special accomplishments, publications, awards, or other relevant information relating to the position that you're applying for that you would like for us to consider:	

Please read carefully before signing:

I understand that this employment application and any other Patients' Advocates' & Wellness(P.A.W.) Union's documents are not contracts of employment and that any individual who is hired may voluntarily leave employment and may be terminated by P.A.W. Union at any time and for any legal reason. I understand that P.A.W. Union is an at-will employer and that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand that P.A.W. Union can change its rules, policies, wages and benefits at any time, with or without advance notice.

The information I have provided on this application (and on the attached or previously emailed resume, if applicable) is accurate and complete to the best of my knowledge and subject to validation by P.A.W. Union. Any withholding of information or making false or misleading statements or omission on this application may result in rejection of employment, or if employed, termination of employment. Unless noted otherwise, I authorize the organizations, schools, or persons named in this application, to give



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P.A.W. Union any information it requests regarding my employment or academic history. I hereby release those organizations, schools, or persons from any liability for any damage whatsoever as a result of issuing this information.

In connection with my application for employment with P.A.W. Union and its Client Organizations, I hereby authorize and release from all liability, P.A.W. Union, to contact my current and/or previous employers and other references provided by me, for the purposes of establishing and verifying information related to my dates of employment, reasons for termination of past employment, educational and professional credentials, skills, experience, abilities, work habits, character and other related information.

I understand and agree that P.A.W. Union may release such information to any of its Client Organization from which I seek employment, including various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities and relating to my current and/or previous employment.

I understand that P.A.W. Union will use any reference related information obtained by my current/previous employers and/or other references provided by me for the sole purpose of presenting my candidacy to its Client Organizations and for no other purpose.

In the event an offer of employment is made, the offer will be subject to my providing documentation proving identity and eligibility for employment in the United States as required by the Immigration Reform and Control Act of 1986.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_