



Interior Womens Health, LLC

1626 30th Avenue
Fairbanks, AK 99701
(907) 479-7701
(907) 479-7718 FAX

IWH APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name(Last, First, Middle):	Date:
Present Address:	
Permanent Address:	
Phone Number:	
State Name and relationship of any relatives in our employ:	Referred by:

EMPLOYMENT DESIRED:

Position:	
Date you can start:	Salary Desired:
Are you employed now?	May we contact your employer?
Have you ever applied to this company before?	When?

EDUCATION

School	Name and Location	Graduated
High School		Y/N
College/University		Y/N
Other(Specify)		Y/N

OTHER INFORMATION

Subjects of special study or research:
Special Training:
Activities:

FORMER EMPLOYERS: List the last three employers, starting with present or most recent.

Date

APPLICANT WAIVER

(All job applicants must sign and submit with application form)

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give 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 release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing. I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant: _____ Date: _____

Company Representative: _____ Date: _____

EEO