

APPLICATION for EMPLOYMENT
Emma Goldman Clinic

Date of Application: _____

Position(s) Applied For: _____

How did you learn about EGC?

☐ Newspaper Ad ☐ Friend/relative ☐ Internet (site: _____)

☐ Poster (where: _____) ☐ Other: _____

Are you applying/available for: ☐ Full-time ☐ Half-time ☐ Part-time ☐ Temporary

Please state scheduling conflicts:

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Telephone Number(s): Day () Eve ()

Email Address: _____

EDUCATION

	School/State	Course of Study	Years Completed	Diploma/Degree
High School	_____	_____	_____	_____
Undergraduate College	_____	_____	_____	_____
Graduate Professional	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

Please describe any additional training, skills, extra-curricular activities.

Please complete information regarding the following specialized skills if they relate to the position for which you are applying:

- ☐ Computer Skills: _____
- ☐ Office Technology: _____
- ☐ Language Fluency: _____
- ☐ Health Knowledge: _____
- ☐ Medical Equipment: _____
- ☐ Lab Skills: _____
- ☐ Public Speaking: _____
- ☐ Fundraising: _____
- ☐ Other: _____

The Emma Goldman Clinic provides a full range of reproductive health services, including first trimester abortion. Please comment on your ability to support the Clinic's services and mission.

The Emma Goldman Clinic is committed to a diversified workplace, welcoming differences of race, age, class, sexual identity, physical size and ability, cultural/ethnic backgrounds. Please share any interests, experience and/or skills you would bring to such a workplace.

EMPLOYMENT EXPERIENCE

Resumes are welcome; please do not submit in place of the following.

Employer: _____	Address: _____
Telephone #: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Hourly Rate/ Salary- Starting: _____ Final: _____	
Work Performed: _____	
Reason for Leaving: _____	

Employer: _____	Address: _____
Telephone #: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Hourly Rate/ Salary- Starting: _____ Final: _____	
Work Performed: _____	
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Work Performed: _____	
Reason for Leaving: _____	

REFERENCES

1. _____ () _____
Name Phone #

Address Title
2. _____ () _____
Name Phone #

Address Title
3. _____ () _____
Name Phone #

Address Title

APPLICANT'S STATEMENT

I certify that the answers I provided are true and complete to the best of my knowledge. If employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary to make an employment decision.

Signature of Applicant: _____ Date: _____

Please return completed application to:

Emma Goldman Clinic
227 N. Dubuque Street
Iowa City, Iowa 52245
Fax (319) 337-2754
Email info@emmagoldman.com

