

**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.

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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 women's health services, including first trimester abortion. Please comment on your ability to support the Clinic's services and mission.

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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.

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## 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: _____	

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Telephone #: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Hourly Rate/ Salary- Starting: _____	Final: _____
Work Performed: _____	
_____	
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Hourly Rate/ Salary- Starting: _____	Final: _____
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**  
Attn: Administrative Director  
227 N. Dubuque Street  
Iowa City, Iowa 52245  
Fax (319) 337-2754  
Email [adir@avalon.net](mailto:adir@avalon.net)

