



pink ribbon | red ribbon

A Global Partnership Fighting Women's Cancers

Employment Application

Today's Date

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Current Mailing Address

City

State

Zip Code

Are you legally eligible for employment in the United States?

(If offered employment, you will be required to provide documentation to verify eligibility.)

Yes

No

Which position are you applying for?

What are your salary requirements?

When can you start?

Please include any other information you think would be helpful to us in considering you for employment.

References

First Name

Last Name

E-mail Address

Phone

Association

First Name

Last Name

E-mail Address

Phone

Association

First Name

Last Name

E-mail Address

Phone

Association

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Bush Global Health Initiative d.b.a. Pink Ribbon Red Ribbon to verify their accuracy and to obtain reference information on my work performance. I hereby release Bush Global Health Initiative d.b.a. Pink Ribbon Red Ribbon from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____