



# APPLICATION FOR EMPLOYMENT

It is the policy of the Endocrine Society to provide equal opportunities to all qualified job applicants without regard to race, religion, color, gender, ancestry, national origin, family responsibilities, marital or veteran status, sexual orientation, genetic information, disability or any other legally protected status.

### INSTRUCTIONS FOR COMPLETING THIS FORM

1. PLEASE PRINT LEGIBLY.
2. ANSWER ALL QUESTIONS. IF THE ANSWER IS "NONE", SO INDICATE.
3. IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTIONS, ATTACH A SEPARATE SHEET.

<b>Personal Information</b>					DATE _____			
LAST NAME			FIRST		MIDDLE			
ADDRESS						CITY		
PREVIOUSLY EMPLOYED BY TES? IF YES, WHEN?						RELATIVES NOW EMPLOYED/DEPARTMENT		
HOW WERE YOU REFERRED?						POSITION APPLIED FOR?		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY						SALARY DESIRED		
CAN YOU, AFTER EMPLOYMENT:								
1. SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
2. IF YOU ARE UNDER AGE 18, FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>EDUCATION AND TRAINING</b>								
<b>SCHOOLS ATTENDED</b>	<b>NAME AND LOCATION OF SCHOOL</b>				<b>NO. YRS ATTEND.</b>	<b>MAJOR/MINOR</b>	<b>DEGREE/CREDITS</b>	<b>GRADUATED</b>
<b>HIGH SCHOOL</b>								
<b>COLLEGE</b>								
<b>OTHER</b>								
LIST EXTRACURRICULAR ACTIVITIES OR HONORS IN HIGH SCHOOL					LIST EXTRACURRICULAR ACTIVITIES OR HONORS IN COLLEGE			
LIST ADDITIONAL SKILLS OR KNOWLEDGE THAT YOU POSSESS					LIST ANY LICENSES, CERTIFICATES OR PROF. ACHIEVEMENTS			

**EMPLOYMENT HISTORY** (LIST ALL PRESENT AND PAST EMPLOYERS, BEGINNING WITH MOST RECENT. **FILL IN ALL INFORMATION.** EXPLAIN ANY GAP IN YOUR EMPLOYMENT HISTORY. BY GIVING THE NAMES OF YOUR EMPLOYERS, WE HAVE YOUR PERMISSION TO CONTACT THEM; HOWEVER, WE WILL NOT CONTACT YOUR **PRESENT** EMPLOYER WITHOUT YOUR PERMISSION).

NAME OF EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, WHY?)
ADDRESS		TELEPHONE NUMBER
DATES OF EMPLOYMENT	TITLE OF POSITION	NAME AND TITLE OF SUPERVISOR
FROM: ----- TO:	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND SIGNIFICANT ACCOMPLISHMENTS	
SALARY STARTING: ENDING:	REASON FOR LEAVING	
NAME OF EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, WHY?)
ADDRESS		TELEPHONE NUMBER
DATES OF EMPLOYMENT	TITLE OF POSITION	NAME AND TITLE OF SUPERVISOR
FROM: ----- TO:	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND SIGNIFICANT ACCOMPLISHMENTS	
SALARY STARTING: ENDING:	REASON FOR LEAVING	
NAME OF EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, WHY?)
ADDRESS		TELEPHONE NUMBER
DATES OF EMPLOYMENT	TITLE OF POSITION	NAME AND TITLE OF SUPERVISOR
FROM: ----- TO:	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND SIGNIFICANT ACCOMPLISHMENTS	
SALARY STARTING: ENDING:	REASON FOR LEAVING	
NAME OF EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, WHY?)
ADDRESS		TELEPHONE NUMBER
DATES OF EMPLOYMENT	TITLE OF POSITION	NAME AND TITLE OF SUPERVISOR
FROM: ----- TO:	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND SIGNIFICANT ACCOMPLISHMENTS	
SALARY STARTING: ENDING:	REASON FOR LEAVING	

U.S. MILITARY SERVICE				
BRANCH OF SERVICE	FROM	TO	RANK AND DUTIES	DATE DISCHARGED
HAVE YOU BEEN CONVICTED OF A FELONY, OR RELEASED FROM PRISON, WITHIN THE LAST SEVEN YEARS? A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN: _____ _____ _____				
IF THE JOB REQUIRES IT, ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE JOB REQUIRES IT, ARE YOU WILLING TO TRAVEL, INCLUDING OVERNIGHT TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE JOB REQUIRES IT, ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____ _____ _____				
PLEASE GIVE THE NAMES OF AT LEAST THREE WORK-RELATED REFERENCES (INCLUDING AT LEAST ONE SUPERVISOR), THE RELATIONSHIP AND DAYTIME PHONE NUMBERS BELOW. BY GIVING THESE NAMES, WE HAVE YOUR PERMISSION TO CONTACT THEM.				
NAME	WORK RELATIONSHIP		PHONE NUMBER	
NAME	WORK RELATIONSHIP		PHONE NUMBER	
NAME	WORK RELATIONSHIP		PHONE NUMBER	
ARE YOU ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO SATISFACTORILY PERFORM THE JOB(S) FOR WHICH YOU HAVE APPLIED? IF NO, PLEASE DESCRIBE RESTRICTIONS OR LIMITATIONS: _____ _____ _____				

### Certification by Applicant

I certify that the statements made on this application are true and correct to the best of my knowledge. I understand that falsification or misrepresentation may result in the denial of employment or, if employed, immediate termination. I also understand that if hired, my first 90 days (3 months) will be an introductory period.

I agree that you may contact any former employer or reference that I give, and agree to indemnify and hold harmless any reference contacted for these purposes from any loss of liability that may occur as a result. I also agree that if employed, I will comply with all the policies and procedures of THE ENDOCRINE SOCIETY. I understand that my employment is for no fixed period of time and may be terminated by me, or by the Company, at any time, for any reason, with or without notice. I further understand that THE ENDOCRINE SOCIETY is an employment-at-will employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It is the policy of THE ENDOCRINE SOCIETY to consider all applicants equally without regard to race, religion, color, gender, ancestry, national origin, family responsibilities, marital or veteran status, sexual orientation, genetic information, disability or any other legally protected status.

The Employee Polygraph Protection Act generally prohibits most private employers from requiring or requesting lie detector or similar tests either for pre-employment screening or during the course of employment; and from discharging, disciplining or discriminating against an employee or applicant for refusing to take a test or for exercising their rights under the Act.

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.



8401 Connecticut Avenue, Suite 900  
Chevy Chase, Maryland 20815-5817  
Tel: (301) 941-0200  
Fax: (301) 941-0259  
<http://www.endo-society.org>

### **THE ENDOCRINE SOCIETY'S REFERENCE CHECK**

As an applicant for a position with The Endocrine Society, I hereby authorize past employers to release information about my work and educational history for use in determining my qualifications for this position. I agree that you may contact any former employer or reference that I give, and agree to indemnify and hold harmless any reference contacted for these purposes from any loss of liability that may occur as a result.

Applicant (*Print name*): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

-----*For HR use only*-----

### **PAST EMPLOYERS**

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship w/ candidate: \_\_\_\_\_ Did you hire this person: \_\_\_\_\_

Confirm dates employed: \_\_\_\_\_ Confirm earnings: \_\_\_\_\_

Explain his/her duties: \_\_\_\_\_

How many people did he/she supervise: \_\_\_\_\_

Any responsibility for decisions of policy: \_\_\_\_\_

Did he/she demonstrate extra initiative: \_\_\_\_\_

Relationships with co-workers: \_\_\_\_\_

How well did he/she follow directions: \_\_\_\_\_

How was attendance: \_\_\_\_\_

What would you say were his/her strong points: \_\_\_\_\_

What were areas needing improvement: \_\_\_\_\_

Rate his/her organizational skills and ability to prioritize: \_\_\_\_\_

Computers: Hardware or Software used: \_\_\_\_\_

Did he/she leave voluntarily: \_\_\_\_\_

Would you re-employ if you had a suitable opening: \_\_\_\_\_

Person Completing Interview: \_\_\_\_\_ Date: \_\_\_\_\_



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### **REQUEST FOR JOB APPLICANT INFORMATION**

We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by sex and ethnic category.

We ask that you indicate your race or national origin and sex. **DO NOT WRITE YOUR NAME.** This information will not be kept with your application and will be used only in accordance with federal and state regulations.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Your application of employment will be considered in the same manner whether or not you fill out this form.

Check One:

- Female
- Male

Check One:

- American Indian
- Asian
- Black
- Hispanic
- Native Hawaiian / Pacific Islander
- White

Job Title(s) Applied For:

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Date of Job Application:

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If you have any questions about the government regulations or this request, please contact Julie Boynton, Director of Human Resources and Administration, at 301-941-0214.