



APPLICATION FOR EMPLOYMENT

723 Pine Street, Sandpoint, ID 83864
Phone: (208) 263-0776 Fax: (208) 263-0772
themidwives@pendoreillemidwifery.com

Instructions for applicant: Fill in all Blanks as completely and accurately as possible. False or misleading statements will be cause for rejection or for immediate dismissal after employment. Please type or print in block letters. Once completed, return the application along with a professional résumé to the above postal or email address. Pend Oreille Midwifery is an Equal Opportunity Employer.

Date of application: _____ Date available for employment: _____

Personal Information

First Name: _____ Last Name: _____
Telephone: _____ Email: _____
Address: _____
Social security number: _____

Are you between the ages of 18 and 65? (Circle one) YES NO
Are you eligible to work in the United States? YES NO
Have you ever been convicted of a felony? YES NO
Are you a NARM Certified Professional Midwife? YES NO
Are you a Licensed Midwife? YES NO
If yes: In which state? _____ License No: _____

Professional Information

How many years have you been a midwife? _____
How many births have you attended? _____
Home Births: _____
Birth Center Births: _____
Hospital Births: _____
How many births have you attended in a primary role? _____

Midwifery Philosophy

Why are you a midwife?	
What are your professional midwifery goals?	
What personal skills or qualities do you have that you believe especially qualify you for this position?	

References

POM may contact references included here to inquire about their experiences with you. By providing references you are providing POM permission to do so and your references with permission to provide such information.

Name	Telephone	Email	Relationship

I _____ hereby state that the above information is true and accurate to the best of my knowledge. I understand that submitting false or inaccurate information will result in my disqualification for this position.

Signed: _____ Date: _____