



Adelante Mujer ~ Advance Woman!
Offering Financial Assistance to Women Medical Students in Nicaragua
www.womanadvance.com

Executive Director Job Application

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State) (Zip Code)

Telephone Number: _____
(Home) (Work) Other/Cell

Email Address: _____

EDUCATION:

(Dates) (College/Other) (Street, City, State, Zip)

(Dates) (College/Other) (Street, City, State, Zip)

(Dates) (College/Other) (Street, City, State, Zip)

Degree: _____ Major: _____ Minor: _____ Date Conferred: _____

WORK EXPERIENCE: Please List (minimum) last 5-7 years of employment/positions

1. _____ Full or Part Time
(Month & Year) (Circle One) (Company/Job Title) (City, State) (Duties)

2. _____ Full or Part Time
(Month & Year) (Circle One) (Company/Job Title) (City, State) (Duties)

3. _____ Full or Part Time
(Month & Year) (Circle One) (Company/Job Title) (City, State) (Duties)

PROFESSIONAL REFERENCES:

Please identify individuals who are able to provide information regarding your work experience for the position you for which you applying. Please include supervisors with whom you have worked.

	NAME	POSITION	ADDRESS	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Applicant’s Acknowledgement and Agreement

Making a willfully false statement or knowing omission of any employment history on this application may constitute a Class A misdemeanor. Any materially false statements or omissions on this application will be reason to deny the application for hire and will lead to termination of employment.

- Accordingly, I hereby acknowledge that the statements made herein are accurate and that I have not omitted any requested information
- ⊖ I am physically fit to perform the duties assigned
- I acknowledge that if I am hired I will be required to abide by all rules, regulations, and board policies of Adelante Mujer, Inc.
- I understand that there will be a 90 day trial period at the end of which either party may terminate employment.

Applicant’s Signature

Date

Authorization for Criminal Background Check

I authorize a background check into my prior employment and educational qualifications. I understand that I am subject to a criminal background investigation in accordance with the laws of the state of Wisconsin. I further understand that I may be subject to immediate dismissal if the investigation disclosed convictions. I hereby authorize Adelante Mujer, Inc. to initiate a criminal background check.

Applicant’s Signature

Date

Applicant must submit completed Application, Resume, and Criminal Background Check form.

APPLICANT FILES ARE KEPT FOR ONE YEAR FROM DATE OF APPLICATION

It is the applicant’s responsibility to update her/his applicant file by submitting a new application.

Please return your application packet before **February 12, 2021** to

**Adelante Mujer, Inc.
Attn: Barb Senn, Search Committee
757 S. Main Street Suite #9
Fond du Lac WI 54935**