

NAME: LAST FIRST SOCIAL SECURITY NUMBER

ADDRESS: STREET APT/UNIT CITY STATE ZIP

PHONE: HOME CELL

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No _____
DRIVER'S LICENSE NUMBER

VERY IMPORTANT: NEW CLIENT INFORMATION WILL BE COMMUNICATED TO REGISTERED DOULAS BY: TEXT MESSAGING, EMAIL, AND TWITTER. PROVIDE THE FOLLOWING: CELL NUMBER FOR TEXT: _____; EMAIL: _____; TWITTER NAME: _____

ARE YOU ABLE TO LIFT UP TO THIRTY POUNDS (14 KILOS) WITHOUT RESTRICTIONS OR ACCOMMODATIONS? Yes No

ALL POSITIONS REQUIRE A CRIMINAL BACKGROUND CHECK AND DRUG SCREENING. ARE YOU WILLING TO SUBMIT TO AN INITIAL DRUG SCREENING AND PERIODIC DRUG SCREENING? Yes No

ARE YOU CURRENTLY (LAST 30 DAYS) WORKING AS A DOULA? Yes No

ARE YOU CURRENTLY A STUDENT? Yes No IF YES: _____FULL TIME (12+ SEMESTER HOURS) _____PART TIME

ARE YOU A NURSE? Yes No IF YES: RN LPN NP ARE YOU CURRENTLY WORKING AS A NURSE? Yes No

IDEALLY, HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK: _____

WORK TIMES: MY DESIRED WORK TIMES ARE: MORNINGS AFTERNOONS EVENINGS NIGHTS ANY TIME

ARE YOU CURRENTLY SERVING IN THE MILITARY? Yes No IF YES, WHAT IS YOUR CURRENT STATUS? _____

IF YOU ARE A FORMER MEMBER OF THE MILITARY, WHICH BRANCH? _____

DISCHARGE DATE: _____ DISCHARGE STATUS: HONORABLE DISHONORABLE MEDICAL OTHER

EDUCATION AND CERTIFICATIONS

HIGH SCHOOL _____ NAME CITY ST YEAR GRADUATED _____

COLLEGE _____ NAME CITY ST GRADUATED? Yes No

IF YES: YEAR GRADUATED _____ MAJOR & DEGREE _____

IF NO: MAJOR _____ YEARS COMPLETED _____ LAST YEAR YOU WERE A STUDENT _____

DOULA EXPERIENCE: DATE YOU FIRST WORKED AS A DOULA _____ AVERAGE MONTHLY HOURS WORKED _____

PLEASE LIST YOUR CERTIFICATIONS BELOW

CERTIFICATION	CERTIFYING ORGANIZATION & REFERENCE	DATE OBTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK PREFERENCES

HOW FAR FROM YOUR HOME ARE YOU WILLING TO TRAVEL? _____ MILES

ARE THERE AREAS WITHIN THIS RADIUS YOU WILL NOT WORK? Yes No

IF YES, WHICH AREAS: _____

I PREFER TO WORK MORNING AFTERNOON EVENING ANY TIME I PREFER TO WORK _____HRS/DAY _____HRS/WK _____HRS/MONTH

I ONLY ACCEPT CLIENTS AS A BIRTHING DOULA: Yes No

PLEASE PROVIDE INFORMATION BELOW ON YOUR DESIRED REIMBURSEMENT AND INCLUDE THE MINIMUM RATE YOU WILL ACCEPT AND YOUR AVERAGE OVER THE PAST 12 MONTHS.

OTHER INFORMATION: PLEASE PROVIDE ANY OTHER INFORMATION ABOUT YOUR WORK PREFERENCES AS A DOULA THAT MAY HELP US MATCH YOU WITH PROSPECTIVE CLIENTS.

EMPLOYMENT

EMPLOYMENT HISTORY: BEGIN WITH CURRENT OR MOST RECENT OR, IF SELF-EMPLOYED, PLEASE PROVIDE PROFESSIONAL REFERENCES AND ANY OTHER INFORMATION YOU BELIEVE IS RELEVANT.

EMPLOYER	DUTIES, TITLE, COMPENSATION	DATES
_____	_____	FR _____ TO _____
_____	_____	FR _____ TO _____
_____	_____	FR _____ TO _____

PROFESSIONAL REFERENCES

PLEASE LIST AT LEAST 4 PROFESSIONAL REFERENCES AND THEIR CONTACT INFORMATION.

AS A CONTRACT WORKER, YOU ARE REQUIRED TO COMPLETE AN I-9 AND MAY HAVE TO PROVIDE ADDITIONAL DOCUMENTATION REGARDING RESIDENCY IN THE UNITED STATES. A CRIMINAL BACKGROUND CHECK IS REQUIRED AND YOU MAY BE ASKED TO SUBMIT TO A DRUG TEST. BY SIGNING BELOW, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO THESE TERMS AND ATTEST TO THE ACCURACY AND TRUTHFULNESS OF ALL INFORMATION PROVIDED IN THIS REGISTRATION.

PLEASE CHECK "ATTEST INFORMATION BOX BELOW AND TYPE NAME IN SIGNATURE AND SEND FILE VIA CONTACT FORM ON MOM, BABY & DOULA WEBSITE, OR CHECK "ATTEST INFORMATION BOX BELOW, WRITE SIGNATURE SEND VIA FAX (1.888.363.0722).

I'M ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND I AGREE TO THE REQUIREMENTS TO REGISTER AS A CERTIFIED DOULA WITH MOM BABY AND DOULA, LLC

SIGNATURE: _____ DATE: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.