

opening doors.



changing lives.

center for prevention of abuse



EMPLOYMENT/VOLUNTEER APPLICATION

At The Center for Prevention of Abuse, there will be no discrimination in the hiring and employment of agency personnel, in the selection and utilization of volunteers, or in the provision of program services on basis of race, color, religion, sex, sexual preference, sexual orientation, ancestry, ethnic or national origin, place of birth, marital status, physical or mental disability, financial status, unfavorable military discharge, or age, except as dictated by bona fide job, program, or business requirements.

GENERAL INFORMATION:

Position Applied For: _____ Date of Application: _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Mobile _____

E-mail _____

Drivers License #/State _____ Type of license _____ Expiration Date _____

Social Security Number _____

Are you at least 18 years old? Yes No Date of Birth: _____

Have you ever filed an application with The Center before? Yes No
If yes, date of application: _____

Have you ever been employed/volunteered with The Center before? Yes No
If yes, date of employment/volunteer service: _____

Category of Service Preference: Full-Time Part-time Volunteer
Date available for service: _____

Have you ever been bonded in prior employment? Yes No

Have you been convicted of a crime, pleaded guilty or "no contest" to a criminal charge, or entered into an agreement setting forth conditions for the eventual dismissal of a criminal case?
 Yes No
If yes, please attach an explanation on a separate piece of paper.

Are you physically or otherwise unable to perform the duties of the job/service for which you are applying?
 Yes No
If yes, explain: _____

EDUCATION:

Check the highest level or equivalent completed:

High School Diploma GED
College/Tech: 1 2 3 4 Graduate Studies: 1 2 3 4

Are you currently a student? Yes No

List all post-high school institutions attended and degrees/certificates received: _____

EMPLOYMENT EXPERIENCE:

List entire employment history, starting with your present employer. For any unemployed or self-employed periods, show dates and location. *(Attach additional sheets if necessary)*

1.

Company Name	Address	Telephone Number	
Job Title	Supervisor	Length of Service	Hourly Rate/Salary
Reason for Leaving	Work performed		

2.

Company Name	Address	Telephone Number	
Job Title	Supervisor	Length of Service	Hourly Rate/Salary
Reason for Leaving	Work performed		

3.

Company Name	Address	Telephone Number	
Job Title	Supervisor	Length of Service	Hourly Rate/Salary
Reason for Leaving	Work performed		

If currently employed, may we contact your employer? Yes No

REFERENCES:

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

The information provided in this Application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I authorize the prospective employer to investigate and verify all statements contained in this application and to undertake an investigation to gather and keep as much employment and nonemployment information as is permitted by law, and waive any legal requirement to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties are authorized to disclose any and all requested information to this prospective employer, and I agree to release all third parties, as well as this prospective employer and its employees, from any claims arising out of actions taken per these authorizations. Finally, I agree that as a condition of any employment accepted with this prospective employer, I will be required to arbitrate any legal complaint (excepting claims of unemployment insurance) arising out of my termination from employment, should that ever occur, per the terms of the employer's then current arbitration program.

Signature of Applicant: _____ Date: _____