

Employment Application

| | | Applica | nt Informa | tion | | | | | |
|--|-----------------------------------|---------------------|-----------------|------|-----------------|------------|-----------|----|--|
| Full Name: | | | | | | Date: | | | |
| | Last | First | | | M.I. | | | | |
| Address: Street Address | | | | | | Apartn | nent/Unit | # | |
| | City | | | | State | ZIP Co | ode | | |
| Phone: | | | Email_ | | | | | | |
| Position Applied for: | | | Date Available: | | | | | | |
| | ole to work in the United States? | YES NO YES NO | | | f age or older? | see Number | YES | NO | |
| Do you have a valid driver's license? State Issued: License Number: | | | | | | | | | |
| Education | | | | | | | | | |
| High School/ | GED: | Addre | | | | | | | |
| From: | To: | Did you gradua | YES te? | NO | Diploma: | | | | |
| College: | | Addre | ess: | | | | | | |
| From: | To: | Did you gradua | YES te? | NO | Degree: | | | | |
| Other: | | Addre | ess: | | | | | | |
| From: | To: | Did you gradua | YES | NO | Degree: | | | | |
| | | | ferences | | | | | | |
| Please list tw | o professional references (superv | isory level, only). | | | | | | | |
| Full Name: | | | | | Position: | | | | |
| Company: | | | | | | | | | |
| Email: | - | | | _ | Phone: | | | | |
| | | | | | | | | | |
| Full Name: | | | | | Position: | | | | |
| Company: | | | | | | | | | |
| Email: | | | | | Phone: | | | | |
| | | | | | | | | | |

| | Previous Employment | | | | | | |
|---|--|---|--|--|--|--|--|
| Company: | Address: | | | | | | |
| Phone: | | | | | | | |
| Job Title: | From: | То: | | | | | |
| | | | | | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| | Address: | | | | | | |
| Phone: | - | | | | | | |
| Job Title: | From: | To: | | | | | |
| Reason for leaving: | | | | | | | |
| | | | | | | | |
| | Address: | | | | | | |
| Phone: | - | | | | | | |
| Job Title: | From: | To: | | | | | |
| Reason for leaving: | | | | | | | |
| Additional Experience or Qualifications | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Optional Information | | | | | | |
| Please provide any additional information as needed here: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Disclaimer and Electronic Signature | | | | | | | |
| As part of the hiring process, S Clearance which requires a so | SafeHouse Center will conduct criminal background checks. ocial security number. | This includes DHHS Central Registry | | | | | |
| I certify that all information provided in this application and related documentation is true and complete. I understand that Domestic Violence Project, Inc./SafeHouse Center may verify any information given on this application, in related documentation, and interviews. I authorize Domestic Violence Project, Inc./SafeHouse Center to conduct background checks with the information provided. I understand and acknowledge that Domestic Violence Project, Inc./SafeHouse Center is entitled to rely upon the representations made by me during the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission by me can result in immediate discharge if deemed appropriate by Domestic Violence Project, Inc./SafeHouse Center. | | | | | | | |
| I also understand and acknowledge that, if hired, my employment will be at the will of the Domestic Violence Project, Inc./SafeHouse Center and can be terminated, with or without cause, and with or without notice, at any time at the option of Domestic Violence Project, Inc./SafeHouse Center or myself. | | | | | | | |
| The Domestic Violence Project, Inc discrimination. | :/SafeHouse Center is an equal opportunity employer and complies with | all federal, state and local laws prohibiting | | | | | |
| Legal Name (Print): | Electronic Signature: | Date: | | | | | |