

**WOMEN AND CHILDREN FIRST
THE CENTER AGAINST FAMILY VIOLENCE**

EMPLOYMENT APPLICATION

Women and Children First is an equal opportunity employer. Applicants are considered for positions without regard to race, color, sex, age, religion, national origin, disability, marital or veteran status, or sexual orientation.

Please complete this application in its entirety and sign your name at the bottom. All information contained on this application is subject to verification. Any falsification of information on this application is grounds for immediate dismissal.

DATE OF APPLICATION _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

HOW LONG AT ADDRESS? ____/____ **TELEPHONE** _____
Years Months

CELL PHONE _____ **EMAIL ADDRESS** _____

1. PREVIOUS ADDRESS _____
Street City State Zip

2. PREVIOUS ADDRESS _____
Street City State Zip

HOW LONG AT PREVIOUS ADDRESSES? #1 ____/____ **#2** ____/____
Years Months Years Months

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

EMPLOYMENT INFORMATION

POSITION APPLYING FOR _____ **DATE AVAILABLE** _____

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME OTHER

SALARY DESIRED _____ **CAN YOU WORK OVERTIME?** _____

ARE THERE ANY SHIFTS YOU CANNOT WORK? _____

ARE YOU PRESENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO

IF NO, WHY NOT? _____

EDUCATION

	Name & Location of School	Years Completed	Did You Graduate?	Degree Earned Major/Minor
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business, or Technical School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

LIST ANY EXTRACURRICULAR ACTIVITIES, AWARDS, SCHOLARSHIPS, OR CLUBS THAT YOU WERE INVOLVED IN WHICH MIGHT BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

PLEASE INDICATE ALL SOFTWARE PROGRAMS WHICH YOU ARE EXPERIENCED WITH:

WORD EXCEL POWERPOINT ACCESS OUTLOOK OTHER _____

DO YOU HAVE A DRIVER'S LICENSE? YES NO

CAN YOU PROVIDE PROOF OF INSURANCE ON YOUR VEHICLE? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR

TRAFFIC VIOLATION? _____ YES _____ NO

(NOTE: ANSWERING "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT)

IF YES, PLEASE EXPLAIN: _____

HAVE YOU TAKEN ANY ILLEGAL DRUGS IN THE PAST 30 DAYS? YES NO

EMPLOYMENT EXPERIENCE

PLEASE GIVE ACCURATE AND COMPLETE INFORMATION ABOUT YOUR PAST EMPLOYMENT RECORD.

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	SALARY/HOURLY RATE
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	SALARY/HOURLY RATE
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	SALARY/HOURLY RATE
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	SALARY/HOURLY RATE
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING

NOTE THAT ALL EMPLOYERS LISTED ABOVE WILL BE CONTACTED UNLESS THE APPLICANT INDICATES DIFFERENTLY.

ARE THERE ANY EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT? YES NO
IF YES, PLEASE INDICATE EMPLOYER AND REASON: _____

REFERENCES

PLEASE LIST BELOW THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN IN A PROFESSIONAL CAPACITY FOR AT LEAST ONE YEAR:

NAME & TITLE	ADDRESS	TELEPHONE	EMAIL	YEARS ACQUAINTED

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct, and that I have not misrepresented myself or withheld any information. I understand that falsification of this information may be cause for immediate dismissal from employment with WCF. I further acknowledge that my employment may be terminated and any offer of employment may be withdrawn without prior notice at any time by WCF or me. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, WCF retains the same right.

I understand that any offer of employment is contingent upon a criminal and child maltreatment background check, if applicable, a drug-screen.

I hereby authorize all references and former employers (unless noted) to release any pertinent information to WCF concerning my former/current employment, and any pertinent information they might have, personal or otherwise. I also hereby release all parties from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained via the background checks/drug screen listed above.

SIGNATURE

DATE