WOMENSPACE
domestic violence services

Application For Employment

Name:
First MI Last

Other Names Used:

Home Phone: ( ) -
Work Phone: ( ) -

Address:
Street City State Zip

Do you have a valid driver's license? ☐Yes ☐No
If so, State:
License #

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. Are you authorized to work in the United States? ☐Yes ☐No

Have you been previously employed by Womenspace? ☐Yes ☐No

If so, dates employed / to / (MM/YY)
Job Title:

Do you have relatives/friends employed by Womenspace: ☐ Yes ☐No
Name:
Dates Employed: / to / (MM/YY)

Have you been terminated from previous employment? ☐ Yes ☐No
If yes, please explain:

Convictions: Have you ever been convicted of any offense, including sex related or child abuse crimes. ☐ Yes ☐ No
If yes, please explain:

Education

Name of School	Location	Grad Year	Degree Awarded
Name of School	Location	Grad Year	Degree Awarded
Name of School	Location	Grad Year	Degree Awarded

Employment History

List all employment including summer, part-time and volunteer positions for the past ten years. Please complete, even if you are attaching a resume. Please list employers name, address and phone. Please list employment starting with most recent. Incomplete applications will not be considered.

Present Employer

Employer: May We Contact? ☐ Yes ☐ No

Supervisor: Phone: ( ) -

Position Title Hours/week:

Reason for Leaving:

Dates Employed: / to / (MM/YY) Salary: $

Previous Employment

Employer: May We Contact? ☐ Yes ☐ No

Supervisor: Phone: ( ) -

Position Title Hours/week:

Reason for Leaving:

Dates Employed: / to / (MM/YY) Salary: $

Employer: May We Contact? ☐ Yes ☐ No

Supervisor: Phone: ( ) -

Position Title Hours/week:

Reason for Leaving:

Dates Employed: / to / (MM/YY) Salary: $

Employer: May We Contact? ☐ Yes ☐ No

Supervisor: Phone: ( ) -

Position Title Hours/week:

Reason for Leaving:

Dates Employed: / to / (MM/YY) Salary: $

Employer: May We Contact? ☐ Yes ☐ No

Supervisor: Phone: ( ) -

Position Title Hours/week:

Reason for Leaving:

Dates Employed: / to / (MM/YY) Salary: $

Use additional copies of this page as necessary

Language Skills

List your language skills. Check the boxes that best describe your capability. Use additional sheets if necessary.

Language:

Spoken: ☐ Minimal ☐ Conversant ☐ Fluent
Reading/Writing: ☐ Minimal ☐ Conversant ☐ Fluent

Language:

Spoken: ☐ Minimal ☐ Conversant ☐ Fluent
Reading/Writing: ☐ Minimal ☐ Conversant ☐ Fluent

Computer Skills

List your proficiency with office computer programs. Use the following scale:

1= no experience, 2=basic knowledge, 3= adequate proficiency,
4=strongly proficient, 5=able to teach others

Word Excel Powerpoint Outlook Publisher

References

List three professional references:

Reference 1:
Name Title ( ) - Phone

Duration known In what capacity?

Reference 2:
Name Title ( ) - Phone

Duration known In what capacity?

Reference 3:
Name Title ( ) - Phone

Duration known In what capacity?

Acceptance

I declare that all the statements and answers in this document and in my resume are true and complete, and agree that any untruth, misleading answer, omission, concealment, or failure to answer questions fully, completely, and accurately are grounds for termination of my employment.

Signature of Applicant Date

Authorization to Release Information

I. I authorize Womenspace at anytime to investigate my references, to communicate with former employers concerning same, and to make an independent investigation of my character, conduct, employment, criminal and DMV records.

II. I agree that Womenspace, my previous employers and any other sources used in this investigation shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment terminated due to false statement or answers in this application or any other information gained in this investigation.

III. I agree to return all company records and equipment upon termination of employment.

IV. I fully understand that I am subject to shift changes and other changes in working conditions or assignments

V. I understand that this employment application and any other agency documents are not contracts of employment and that my employment is “at will” and that any individual who is hired may voluntarily leave employment on proper notification, and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. If hired by Womenspace I am prepared to comply with all agency policies and procedures, dress codes and established systems.

Print Name Date

Signature