

APPLICATION FOR EMPLOYMENT

DOMESTIC VIOLENCE SERVICES OF BENTON AND FRANKLIN COUNTIES

*Equal access to programs, services and employment is available to all persons.
Those applicants requiring reasonable accommodations to the application
and/or interview process should notify a representative of DVS.*

****Please print in black ink or type.**** Date of Application: _____

Personal Data:

Full Legal Name:

Last *First* *Middle*

Additional name by which you are known/have been known (maiden names, previous married names, nick names): _____

Present Address: _____

Phone: _____ Cell Phone: _____

Message Phone: _____ e-mail address: _____

U.S. Citizen: Yes No Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ Expiration Date: _____

Do you possess current vehicle insurance coverage? Yes No

Do you have any driving restrictions? Yes No

Date available for work: _____

Have you ever been convicted of a crime, been arrested, have charges pending, or forfeited collateral within the past seven years? Yes No If yes, when, where, and describe the offense.

Are you currently on probation or under any court supervision? Yes No

If yes, explain: _____

Have you ever received services from our agency or any advocate associated with our agency? Yes No

If yes, when did you last receive services: _____

Position Desired: _____

Salary Expected: \$ _____ Per Year

List Names of relatives employed by D.V.S. _____

Specific fields of specialization _____

Education:

List all educational institutions in chronological order starting with last high school attended.

	<i>Name and Address</i>	<i>Degree</i>	<i>Major</i>
High School	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Other technical or Special Schooling _____

Describe, in detail, any skills you believe are relevant to the position for which you are applying. Also include any special trainings, awards, honors, and other pertinent accomplishments.

Employment History:

List complete employment history for at least the previous ten years. Do not omit any employers (use extra pages if necessary). List most recent first.

May we contact your present employer? Yes No

Name of Company: _____

Address: _____

Dates of Employment: _____ to _____
Mo. Yr. Mo. Yr.

Name of Supervisor: _____

Position and Description of Responsibilities: _____

Work Phone Number: _____ Final Salary: _____

Reason for leaving: _____

Name of Company: _____

Address: _____

Dates of Employment: _____ to _____
Mo. Yr. Mo. Yr.

Name of Supervisor: _____

Position and Description of Responsibilities: _____

Work Phone Number: _____ Final Salary: _____

Reason for leaving: _____

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Address: _____

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Mo. Yr. Mo. Yr.

Name of Supervisor: _____

Position and Description of Responsibilities: _____

Work Phone Number: _____ Final Salary: _____

Reason for leaving: _____

References:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Statement and Release of Information:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. This includes, but is not limited to criminal history and motor vehicle driving records. I hereby waive any and all rights and claims I may have regarding the employer, its representatives, employees or agents, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30-days. At the time conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorize to make any assurance to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that use of illegal drugs is prohibited during employment and am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date