

APPLICATION FOR EMPLOYMENT

DOMESTIC VIOLENCE SERVICES OF BENTON AND FRANKLIN COUNTIES

It is the policy of DVSBF to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. 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 ink or type****

Date of Application: _____

Personal Data:

Full Legal Name:

Last	First	Middle
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Current Address: _____

Phone: _____ Cell Phone: _____

Message Phone: _____ E-mail address: _____

Are you legally eligible to be employed in the United States? Yes No

If offered employment, you will be required to provide documentation to verify eligibility.

Do you have a reliable method of getting to around while at work? Yes No

Date available for work: _____

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

Education:

List all educational institutions in chronological order starting with last high school attended. (NO DATES PLEASE)

	Name	Graduated Yes/No	Degree/ Certificate
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 training, awards, honors, and other pertinent accomplishments.

Have you ever been convicted of a felony crime, or a crime against children, developmentally disabled persons or vulnerable adults? Yes No If yes, indicate when, where and describe the offense.

Employment History:

List employment history for last 10 years (use extra pages if necessary). List most recent first. If you have other pertinent work history beyond that which you want us to know about, please list it also.

May we contact your present employer? Yes No

Name of Company: _____

Address: _____

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

Position and Description of Responsibilities: _____

Work Phone Number: _____

Reason for leaving: _____

Name of Company: _____

Address: _____

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

Position and Description of Responsibilities: _____

Work Phone Number: _____

Reason for leaving: _____

Name of Company: _____

Address: _____

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

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Work Phone Number: _____

Reason for leaving: _____

Name of Company: _____

Address: _____

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

Position and Description of Responsibilities: _____

Work Phone Number: _____

Reason for leaving: _____

References: Give 3 references (not relatives or employers)

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you available to work: Days , Nights , Weekends , Full Time , Part Time

Days and Hours Available;

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

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. 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 60-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 our 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 an employment offer is made, it is contingent and not final until:

- 1) Completion of a criminal background check verifying that are no felony convictions of a violent nature or crimes against children, developmentally disabled persons or vulnerable adults.
- 2) I 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.

If hired I understand that I will be asked to provide a Washington State driving record report and proof of automobile insurance.

I also understand that use of illegal drugs is prohibited during employment and I 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 eliminate me from further consideration for employment, or 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