



Center Against Domestic Abuse
Creating change. Changing lives.

APPLICATION FOR EMPLOYMENT

Emerge! Center Against Domestic Abuse, is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws, or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL

Date _____

Name: _____ Phone# _____
Last First Middle

Address: _____
Number/Street City State Zip

SS# _____ Are you over 18? Yes _____ No _____

Are you citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes _____ No _____

Have you even been convicted of any crime (excluding minor traffic violations), including driving while under the influence of alcohol or drugs? Yes _____ No _____

If yes, state the offense, location, date and disposition: _____

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? Yes _____ No _____

If no, please explain: _____

Driver's License: _____ / _____ Currently Valid Yes _____ No _____
State Type

EMPLOYMENT DESIRED:

Are you seeking Full Time _____ Part Time _____ Temporary _____

Position applied for: _____ Salary Desired _____

Date Available to start: _____

Have you previously applied for employment at Emerge? Yes _____ No _____

Have you previously been employed by Emerge? Yes _____ No _____
 If you answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our agency and/or positions? _____

Are you now, or do you expect to be, working in any other business or job? Yes _____ No _____

Are there any days or hours you would be unable or unwilling to work? Yes _____ No _____

If yes, please specify those day or hours you would be unable to unwilling to work: _____

EDUCATION

Name, Address and Location	Dates	Graduated?	Courses Studied
High School or GED	From _____ To _____	Yes _____ No _____	
College (highest degree earned)	From _____ To _____	Yes _____ No _____	
Trade School	From _____ To _____	Yes _____ No _____	

CAPABILITY / RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for?
 Yes ___ No ___

If not, please explain which tasks: _____

Will you abide by the policies and procedures of this agency? _____

Have you ever been disciplined for violating company rules or regulations?
 Yes _____ No _____

If yes, please explain: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer	_____	Dates Employed	Starting Pay
Address	_____	From:	\$
City, State, Zip	_____	To:	Ending Pay
Name & Title of Last Supervisor	_____		\$
Employer Telephone Number	_____		
Nature of Business	_____		
Your Title	_____		
Your Duties	_____		
Reason for Leaving	_____		

Name of Employer	_____	Dates Employed	Starting Pay
Address	_____	From:	\$
City, State, Zip	_____	To:	Ending Pay
Name & Title of Last Supervisor	_____		\$
Employer Telephone Number	_____		
Nature of Business	_____		
Your Title	_____		
Your Duties	_____		
Reason for Leaving	_____		

Name of Employer	_____	Dates Employed	Starting Pay
Address	_____	From:	\$
City, State, Zip	_____	To:	Ending Pay
Name & Title of Last Supervisor	_____		\$
Employer Telephone Number	_____		
Nature of Business	_____		
Your Title	_____		
Your Duties	_____		
Reason for Leaving	_____		

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous position under another name, please give names(s) below.

Name

Company

Are you presently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

Have you ever been fired or asked to resign from a job? Yes _____ No _____ If yes, Please explain:

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness?

Yes _____ No _____

If yes, please explain: _____

Do you type? Yes _____ No _____ Words per minute: _____

Computer hardware and software experience:

PCs	Proficient _____	Fully Proficient _____
MS Office Suite	Proficient _____	Fully Proficient _____
Excel	Proficient _____	Fully Proficient _____
Access	Proficient _____	Fully Proficient _____
Power Point	Proficient _____	Fully Proficient _____

What languages do you speak, read and write fluently _____

Use this space below to describe why you are interested in working for our agency and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

List three references. (not relatives)

Name	Address	Phone Number	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize Emerge to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individual for defamation, invasion of privacy or any other reason because of their statements. I agree that, if I am employed, I will abide by all the rules and regulations of the agency. I understand that the taking of drug and alcohol tests, when given pursuant to the agency policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the agency is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the CEO of the agency. I also understand that my employment is "at-will" and may be terminated by myself or by the agency at any time for any reason or no reason at all, with or without prior notice.

Signature

Date

AGENCY USE ONLY

Interviewed By: _____
Interviewers Remarks: _____