



APPLICATION FOR EMPLOYMENT

CHECK ONE

- NEW APPLICANT
- RE-EMPLOYMENT
- TRANSFER APPLICANT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, citizenship, sexual orientation, pregnancy, ancestry, marital or veteran status, or the presence of a non-job related medical condition or physical or mental disability. Individuals with disabilities who need assistance completing this application can contact The Center to arrange suitable accommodations.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (NO. & STREET)		CITY	STATE/ZIP CODE	AREA CODE & TEL. NO.
PERMANENT ADDRESS (IF DIFFERENT)		CITY	STATE/ZIP CODE	AREA CODE & TEL. NO.

POSITION DESIRED

POSITION/TYPE OF WORK DESIRED	<input type="checkbox"/> REGULAR <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME	DATE AVAILABLE _____ SALARY DESIRED _____
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SOURCE OF REFERRAL

AGENCY (NAME) _____	OWN INITIATIVE _____
PUBLICATION (NAME) _____	EMPLOYEE _____
SCHOOL/ORGANIZATION _____	OTHER _____

EMPLOYMENT HISTORY

START WITH YOUR PRESENT OR LAST JOB. UNLESS YOU INDICATE OTHERWISE, WE SHALL ASSUME WE MAY CONTACT PAST EMPLOYERS FOR REFERENCES.

1	EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	HRLY.RATE/SALARY			
			START	FINAL	
SUPERVISOR					
REASON FOR LEAVING					
2	EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	HRLY.RATE/SALARY			
			START	FINAL	
SUPERVISOR					
REASON FOR LEAVING					
3	EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	HRLY.RATE/SALARY			
			START	FINAL	
SUPERVISOR					
REASON FOR LEAVING					

TRAINING					
SPONSORING ORGANIZATION & LOCATION	NAME OF COURSE; SEMINAR	C.E.U. 'S	NO. OF HOURS	DATES	
EDUCATION					
HIGH SCHOOL	LOCATION/CITY	MAJOR/MINOR	GRADUATE?		DEGREE/CREDITS
			YES	NO	
COLLEGE					
BUSINESS/TECHNICAL					
GRADUATE SCHOOL					
VOLUNTEER ACTIVITIES (YOU NEED NOT LIST ORGANIZATIONS WHOSE NAME OR NATURE INDICATES YOUR RACE, NATIONAL ORIGIN, AGE OR RELIGION)					
ORGANIZATION	POSITION/OFFICES HELD	RESPONSIBILITIES/SERVICES	NO. OF YEARS		
HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE OFFENSE, DATE AND LOCATION (A CONVICTION RECORD WILL NOT NECESSARILY BE CAUSE FOR DISQUALIFICATION)					
REFERENCES					
NAME	PROFESSION	AREA CODE & TEL. NO.	BUSINESS OR HOME ADDRESS		
STATEMENT – EXPLAIN BRIEFLY WHY YOU ARE INTERESTED IN WORKING FOR OUR ORGANIZATION					

I understand that nothing in this application creates an employment contract or relationship. I also understand that if hired by the Center Against Sexual Assault, my employment can be terminated at any time, by myself or the Center Against Sexual Assault, for any grounds not prohibited by law.

____ (initial)

I agree to allow the Center Against Sexual Assault to contact the people I have listed as references on this application. I also agree not to hold any references listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for employment at the Center Against Sexual Assault.

____ (initial)

I agree that to comply with the federal Immigration Reform and Control Act, the Center Against Sexual Assault requires all new hires to show proof of their eligibility to work in the United States. Failure to produce the required documents will cause the Center Against Sexual Assault to withdraw its job offer and terminate an individual's employment. ____ (initial)

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with the Center Against Sexual Assault.

SIGNATURE _____ **DATE** _____