

# Center Against Rape and Domestic Violence (CARDV) Application for Employment



*Applicant note: We appreciate your interest in our organization and we are sincerely interested in your qualifications. This application form will help us evaluate your qualifications and work history for employment. This is not an employment contract. Please answer all questions completely and accurately. Incomplete information could disqualify you from further consideration.*

Our organization is an equal opportunity employer and maintains a consistent policy prohibiting unlawful discrimination in employment. CARDV's policy is not to discriminate against any applicant for employment because of age, religion, color, national origin or ancestry, marital status, gender, sexual orientation, disability or any other protected status with respect to hiring, promotion, demotion, transfer, recruitment, termination, salary level or other forms of compensation, or any other term or condition of employment. Our organization complies to the fullest extent with all applicable state, federal, and local laws governing equal employment opportunity and discrimination in the workplace.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Please indicate if you have ever been known by any other name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (if less than two years) \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Desired position \_\_\_\_\_

How did you learn of employment opportunities with CARDV? \_\_\_\_\_

Available to work:  Full-time  Part-time Date available to begin \_\_\_\_\_

If available part-time only, specify days and hours \_\_\_\_\_

Are you willing and able to work evenings and weekends?  Yes  No

Do you know anyone who works for CARDV?  Yes  No If yes, who? \_\_\_\_\_

Do you have the legal right to work in the U.S. (proof of authorization to work will be required by the first day of employment)?  Yes  No

Is there any reason why you would not be able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation?  Yes  No

If yes, please explain \_\_\_\_\_

<b>Education</b>	Last Grade/Year Completed	Institution attended, Course of Study/Degree(s) Received
High School		
College/University		
Trade/Technical/ Business School		

## Specialized Training

Please describe your interest in working for CARDV and the job-related experiences, skills, and aptitudes that you feel qualify you to work with survivors and educate the community about domestic and sexual violence. You may wish to include civic and professional designations or achievements, and/or specialized training or skills.

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## Computer Skills

Cite your experience and skill level with the following programs: Microsoft Office Suite (Word, Excel, Publisher, PowerPoint). Also list other software programs/applications that would support your application.

Typing speed: \_\_\_\_\_

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## Employment History

**List in order beginning with most recent/current position.** Include self-employment, part-time jobs, volunteer work, and military service. If you need additional space, please attach information on an additional piece of paper.

Company #1 _____	Address _____
City, State _____	Phone Number _____
Immediate supervisor's name _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Dates of employment _____	Position _____ Reason for leaving _____
Duties _____	
_____	
_____	

Company #2 \_\_\_\_\_ Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ May we contact?  Yes  No  
If no, please explain \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company #3 \_\_\_\_\_ Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ May we contact?  Yes  No  
If no, please explain \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company #4 \_\_\_\_\_ Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ May we contact?  Yes  No  
If no, please explain \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company #5 _____	Address _____
City, State _____	Phone Number _____
Immediate supervisor's name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Dates of employment _____	Position _____ Reason for leaving _____
Duties _____	
_____	
_____	

**Periods of Unemployment**

Please account for any time you were not employed in the last 10 years or after leaving high school, whichever is more recent. All information will be verified. Please attach additional information on a separate sheet of paper, if necessary.

Dates of unemployment: \_\_\_\_\_ Reason(s) for unemployment: \_\_\_\_\_

**Important, please read before signing:**

I understand that receipt of this application by your organization does not guarantee a job interview or offer of employment. I certify that the answers given in this application are true and complete to the best of my knowledge. In the event of employment, I understand that false, misleading information or significant omissions given in my application may result in termination.

I authorize investigation of all statement and information contained in this application. I authorize, except as expressly indicated otherwise on my application, your organization to contact my employers, school, and reference, and any other person with knowledge about my suitability for employment. I hereby release your organization and all employers, schools and references from any liability, claim or damage arising from any investigation conducted as a part of your review of my employment application.

In the event of my employment, I agree to conform to the rules and regulations of your organization and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself. I understand that no company representative other than the Executive Director has any authority to enter into any agreement, which must be in writing, for any different term of employment.

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

I hereby acknowledge that I have read and understand the above statements.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_