



APPLICATION FOR EMPLOYMENT

The Center Against Sexual and Domestic Abuse, Inc. (CASDA) is an equal opportunity employer.

Position Applying For: _____ **Date:** _____

Last Name First Name MI

Street Address City State Zip

Telephone Number

Federal law requires that all employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, CASDA will verify the status of every individual offered employment with the agency. In this connection, all offers of employment are subject to verification of the applicant's identify and employment authorization, and it will be necessary for you to submit such documents as required by law to verify your identification and employment authorization.

Are you legally eligible for employment in the United States? Yes _____ No _____

Are you over the age of 18 years? Yes _____ No _____

State any relatives employed at CASDA: _____

Do you want to work: Full-Time _____ Part-Time _____

Specify days and hours available for Part-Time: _____

If your application is considered favorably, on what date will you be available for work? _____

Have you reviewed the job description for which position you are applying for? Yes _____ No _____

If yes, is there anything in the job description that you do not understand? _____

Do you have a valid driver's license? Yes _____ No _____

Do you have automobile insurance? Yes _____ No _____

Is there a criminal charge, felony or misdemeanor currently pending against you which would substantially relate to the position you are applying for? Yes ___ No ___

If yes, please explain: _____

* A conviction record will not necessarily be a bar to employment. This information will only be used for job-related purposes and only to the extent permitted by law.

RECORD OF EDUCATION

School	City	Course of Study	Last Yr. Completed	Graduate?

List any diplomas or degrees you have obtained: _____

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

If yes, list duties in the service including special training that is relative to the position applied for: _____

SKILLS

Are there any other experiences, skills or abilities that you feel especially qualify you for work with our agency? _____

EMPLOYMENT HISTORY

Describe your employment history for the past ten years, accounting for any gaps in your employment. Please list your current/last employer first.

I. Name of Company: _____

Type of Business: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Description of Job Duties: _____

Name of Supervisor: _____ Phone Number: _____

II. Name of Company: _____

Type of Business: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Description of Job Duties: _____

Name of Supervisor: _____ Phone Number: _____

III. Name of Company: _____

Type of Business: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Description of Job Duties: _____

Name of Supervisor: _____ Phone Number: _____

IV. Name of Company: _____

Type of Business: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Description of Job Duties: _____

Name of Supervisor: _____ Phone Number: _____

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I UNDERSTAND AND VOLUNTARILY AGREE:

1. The information that I have provided is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my employment, resume, or any other materials, or during any interviews can be justification for refusal of employment, or, if employed, termination from CASDA.
2. In processing my application for possible employment, CASDA may verify all the information provided by me through an investigative consumer report, concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request II will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement for termination of my employment, work performance, abilities, and other qualities pertinent to my employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. Should my application be considered favorably, I agree to comply with the policies and procedures of CASDA. I understand that CASDA is an AT WILL employer, and that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either CASDA or me. I further understand that no staff person other than the Board of Directors, Executive Director, or Assistant Director has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any agency policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

Signature: _____ Date: _____