APPLICATION FOR EMPLOYMENT

casda
CENTER AGAINST SEXUAL & DOMESTIC ABUSE INC.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to sexual orientation, gender identity and expression, race, ethnicity, culture, national origin, social and economic class, education level, color, immigration status, sex, age, size, family status, political belief, religion, mental and physical ability, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicant's Name (Last) (First) (Middle)		Date of Application
Applicant's Address (Street)		Applicant's Email Address
Applicant's Address (City, State, Zip)		
Telephone ( )	Business telephone where you can currently be reached ( )	May we contact you there? ☐ Yes ☐ No
Position(s) Applied For (List Job Titles)	Status Desired ☐ Full Time ☐ Part Time ☐ Temporary	
Referral Source ☐ Advertisement ☐ Employment Agency_____ ☐ College/Career Placement Office ☐ Job Fair ☐ Employee ☐ Other		
Are you willing to travel? ☐ Yes ☐ No ☐ Limited	Are you willing to work overtime? ☐ Yes ☐ No ☐ Limited	Salary Requirements / Date Available for Work
Have you filed an application or been employed here before? ☐ Yes ☐ No If yes give date(s)		
Are you 18 years of age or older? ☐ Yes ☐ No	Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? ☐ Yes ☐ No	
List any friends or relatives employed by the company. What is the relationship?		
Are you licensed to drive? ☐ Yes ☐ No If Yes, in what state?_____ License #_____ Is your license currently under suspension for any reason? ☐ Yes ☐ No If yes, please explain.		

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From 03/09/202	Employer Name		Employer Address	
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
1	Supervisor	Reason for Leaving		
	Work Performed			May we contact ☐ Yes ☐ No
	Are you known by another name ☐ Yes ☐ No If yes, What name?			
Date From	Employer Name		Employer Address	
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
	Supervisor	Reason for Leaving		

2	Work Performed			May we contact ☐ Yes ☐ No
	Are you known by another name ☐ Yes ☐ No If yes, What name?			
Date From	Employer Name		Employer Address	
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
3	Supervisor	Reason for Leaving		
	Work Performed			May we contact ☐ Yes ☐ No
	Are you known by another name ☐ Yes ☐ No If yes, What name?			
Date From	Employer Name		Employer Address	
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
4	Supervisor	Reason for Leaving		
	Work Performed			May we contact ☐ Yes ☐ No
	Are you known by another name ☐ Yes ☐ No If yes, What name?			

PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS

Dates	Reason

REFERENCES (List professional references only. Do not list friends or relatives)

Name and Title	Address / Phone Number

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other (Specify)				

Are you known to schools by another name? ☐ Yes ☐ No If Yes, what name(s) are you known by?

PRE-EMPLOYMENT STATEMENT

I UNDERSTAND AND VOLUNTARILY AGREE:

1. I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this application or otherwise during the employment evaluation process shall be grounds both for rejecting my application for employment and, should I be hired by the Center Against Sexual and Domestic Abuse, Inc. (CASDA), termination of my employment.

2. Please be aware that CASDA is required to report New Hire information to the State of Wisconsin, Department of Human Services, Division of Support Enforcement and Recovery weekly or within 7 days of the date of hire and, for Wisconsin employees, to the Wisconsin Employment Security within 20 days of hire. CASDA complies with this legal requirement.

3.Submission of the application does not entitle me to be interviewed by CASDA. Further, nothing is this application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of CASDA to provide any benefit to me. This application shall be pending, unless withdrawn by me, until CASDA makes a decision on whether or not to hire me or until the 30th day after submission of this application to CASDA, whichever occurs first. If no action is taken on my application within a 30-day period, I understand that I must re-apply to CASDA in order to be considered for employment. Should I be employed by CASDA, I agree to comply with any and all employment rules and policies of CASDA.

4. After reading all the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with CASDA is on an "at-will" basis, meaning that such employment may be permanently discontinued by either CASDA (through discharge or layoff) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between CASDA and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the Executive Director of CASDA. I agree to conform to CASDA's rules and I also agree that I shall be subject to other conditions which CASDA may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

_____ _____

Date Applicant’s Signature