Sexual Assault Prevention and Response Services

 **APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, creed, national origin, religion, age, gender, disability, marital or veteran status, or any other legally protected status.

**SEXUAL ASSAULT PREVENTION AND RESPONSE SERVICES IS AN**

 **EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT CLEARLY

|  |  |  |
| --- | --- | --- |
| Date: | Position(s) Applied For: | Social Security # |
| Name: Last First Middle | Home Telephone: |
| Mailing Address: | Work Telephone: E-Mail Address: |

Are you currently employed? Yes No Are you currently on “lay-off” status and

subject to recall? Yes No

May we contact you at your current

Place of Employment? Yes No N/A

Best time to contact you: Home: A.M./P.M.

Work: A.M./P.M.

Are any members of your immediate family employed at Yes No

this agency? If Yes, give names and relationship:

Are any members of your immediate family on the Yes No

Board of Directors of this agency? If Yes, give

names and relationship:

Are you prevented from lawfully becoming employed Yes No in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of any crime other than a Yes No minor traffic violation? If Yes, please give date and

describe offense:

May we contact your present employer? Yes No

Have you ever filed an application with this agency

before? If Yes, give date:

Yes No

Date available for work:

Have you ever been employed by this agency before? Yes No If Yes, give dates of employment and position held.

Desired salary/wage range:

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Name & Address** | **Last Year Completed** | **Degree** | **Major** |
| **High School** |  |  |  |  |
| **Trade, Business Or College** |  |  |  |  |
| **Other (include training, Workshops, etc.)** |  |  |  |  |

**EMPLOYMENT HISTORY**

(Starting with current or most recent position)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name:Supervisor: | Address:Telephone: | Reason For Leaving: | Dates Employed: From: \_/ /\_ Position Held: | To: / /  |
| Employer Name:Supervisor: | Address:Telephone: | Reason For Leaving: | Dates Employed:From: \_/ /\_ Position Held: | To: / /  |
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| Employer Name:Supervisor: | Address:Telephone: | Reason For Leaving: | Dates Employed:From: / / Position Held: | To: / /  |

**REFERENCES**

(Please list 3)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: | Telephone: | Years Acquainted: |
| Name: | Address: | Telephone: | Years Acquainted: |
| Name: | Address: | Telephone: | Years Acquainted: |

**VERIFICATION & RELEASE**

I certify that the answers I have provided in this application are true and complete to the best of my knowledge. I authorize investigation of all statements made herein, including contacting any reference, prior employer, school or military service and I authorize the release of any information in the possession or knowledge of such entities. I understand that any false or misleading information given in this application or in interviews may result in my termination.

Signature of Applicant:

Date of Application: