



Women's Crisis Support Team

560-A NE F Street #430, Grants Pass, OR 97526-2361

APPLICATION FOR EMPLOYMENT

Please answer all questions to the best of your ability.

Print legibly using blue or black ink pen.

Do not leave blank spaces – print N/A when necessary.

Please submit a cover letter and resume along with your completed application.

Position sought: _____

Referred by: Newspaper Ad: _____ (specify) School: _____ (specify)

Employee: _____ (name) Other: _____ (explain)

PERSONAL INFORMATION

Name: _____ (last) _____ (first) _____ (M.I.) Social Security #: _____

Other names known by: _____

Phones: Home: _____ Work: _____ Message: _____

Current Address: _____ How long? _____

Previous Address: _____ How long? _____

Driver's license #: _____ State: _____ Expiration date: _____

Are you over the age of 18? _____

Are you legally able to work in the United States? _____ (proof will be required if hired)

Were you previously employed by WCST? _____ If so, when? _____ Supervisor: _____

Do you have any relatives or friends currently employed by WCST? _____ If so, who? _____

Have you ever resigned under pressure or been terminated for any reason other than lack of work? _____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted by a criminal or military court of any offense within the last seven years? _____ Yes _____ No

If yes, please explain: _____

EDUCATION

Education: High School Graduate or GED? ___ Yes ___ No Name of school attended: _____

College: _____ Degree Received: _____
(name) (location)

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(name) (location)

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(name) (location)

SKILLS AND INTERESTS

Skills and Interests: Do not indicate the name of clubs, organizations, associations, etc. which will indicate the ethnicity, religion, age or national origin of members.

School activities: _____

Professional activities: _____

Technical / occupational skills (include level of proficiency): _____

Related hobbies / interests: _____

Career aims / goals: _____

EMPLOYMENT HISTORY

List all employment including summer, part-time and volunteer positions. Must be completed, even if attaching a resume. Must list employer's name, address and phone. If you need more space please copy this page or include a type written page with the same information.

Employer _____

Address _____

Job Duties _____

Employer _____

Address _____

Job Duties _____

Employer _____

Address _____

Job Duties _____

Employer _____

Address _____

Job Duties _____

Employer _____

Address _____

Job Duties _____

Position title _____

Phone _____

Supervisor _____

Salary _____

Dates – From to Reason for _____

leaving _____

Position title _____

Phone _____

Supervisor _____

Salary _____

Dates – From to Reason for _____

leaving _____

Position title _____

Phone _____

Supervisor _____

Salary _____

Dates – From to Reason for _____

leaving _____

Position title _____

Phone _____

Supervisor _____

Salary _____

Dates – From to Reason for _____

leaving _____

Position title _____

Phone _____

Supervisor _____

Salary _____

Dates – From to Reason for _____

leaving _____

AFFIRMATIVE ACTION STATEMENT

The information requested below is optional. Your response will help in implementing our affirmative action policy and will be kept confidential. Your decision not to complete this section will not affect consideration of your application.

Statement of Non-Discrimination. Candidates for employment will be considered without regard to race, sex, age, religion, national origin, political or union affiliation, sexual preference, or marital status. Physical or mental handicaps will not disqualify a candidate who meets bona fide job requirements. These policies are designed to provide equal opportunity to all candidates for employment and to assure full compliance with applicable local, state and federal laws.

Name _____ Signature _____

Position applied for _____

Ethnic group _____ Disability _____

ACCEPTANCE

- I. I declare that all statements and answers herein are true and complete, and agree that any untruth, misleading answer, omission, concealment, or failure to answer questions fully, completely and accurately are grounds for termination of my employment.
- II. I authorize the Women's Crisis Support Team at any time to investigate my references, to communicate with former employers concerning same, and to make an independent investigation of my character, conduct, employment, criminal and driver's records.
- III. I agree that the Women's Crisis Support Team, my previous employers and any other sources used in this investigation shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment is terminated due to false statements or answers on this application or any other information gained in this investigation.
- IV. I agree to return all company records and equipment upon termination of employment.
- V. I fully understand that I am subject to shift changes and other changes in working conditions or assignments.
- VI. I understand that this employment application and any other agency documents are not contracts of employment and that my employment is "at will" and that any individual who is hired may voluntarily leave employment on proper notification, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. If hired by Women's Crisis Support Team I am prepared to comply with all agency policies and procedures, dress codes and established systems.

Signature of Applicant

Date