

Womenspace Unlimited
South Lake Tahoe Women's Center
An Equal Opportunity Employer

Employment Application

Please Print

Date: _____

Applicant Information

Name: _____ Phone # () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Do you have a valid driver's license? _____ State & License #: _____

Is your auto insurance current? _____

Have you ever applied to or worked for our agency before? _____ If yes, when? _____

Do you have any friends or relatives working for the Women's Center?

If yes, state name and relationship: _____

How did you hear about us / this job opening? _____

As far as you know, have you or anyone related to you received domestic violence services in the past two years? _____ If yes, name and relationship: _____

State briefly why you would like to work for the Women's Center: _____

Have you ever been convicted of a misdemeanor or felony within the last 5 years (excluding any sealed or expunged convictions)? _____

If yes, explain below. *(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

General Information about Desired Employment

Position you are applying for: _____ Full-time or part-time? _____

If hired, what date could you start work? _____ Salary desired: \$ _____ per _____

If hired, are you able to travel on agency business? _____ % time willing to travel: _____

NOTE: *The Women's Center regular hours of operation are 8:00 a.m. to 4:00 p.m., Monday–Friday. Some job positions, however, require that an employee's regular work shift include working on holidays, weekends, evenings, and nights. At times, you may also be required to be on-call and/or to work overtime. If you are interviewed, you should not indicate whether you require absences for religious practices during work hours, but we will ask whether you are otherwise available to work the required hours for the position.*

Education & Training (Include on-the-job training)

	Name & Location of School/Sponsor (if any)	Course of Study	Did you Graduate?
High School			
Community College			
College/University			
Trade School			
Seminars / Other			
Other			
Other			

Special Skills

Do you speak, write or understand any foreign languages? _____.

If yes, which language(s)? _____.

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at the Women's Center? _____ If so, please explain in detail: _____

Licenses (list states): _____

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software		

Use this space to summarize other relevant experience, skills, and background:

Employment History

Please list all previous employers, starting with your present or most recent position (past 10 years is sufficient)

<p>Name of Company: _____ Phone Number: _____</p> <p>Name of Supervisor: _____</p> <p>Address: _____ <small style="margin-left: 100px;">Street</small> <small style="margin-left: 250px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 50px;">Zip</small></p> <p>Position & Duties: _____</p> <p>_____</p> <p>Dates of Employment from: _____ to: _____</p> <p>Starting Rate of Pay: \$ _____ per _____ Ending Rate of Pay: \$ _____ per _____</p> <p>Reason for Leaving: _____</p>
<p>Name of Company: _____ Phone Number: _____</p> <p>Name of Supervisor: _____</p> <p>Address: _____ <small style="margin-left: 100px;">Street</small> <small style="margin-left: 250px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 50px;">Zip</small></p> <p>Position & Duties: _____</p> <p>_____</p> <p>Dates of Employment from: _____ to: _____</p> <p>Starting Rate of Pay: \$ _____ per _____ Ending Rate of Pay: \$ _____ per _____</p> <p>Reason for Leaving: _____</p>
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References

Name of Individual: _____	Phone Number: _____
Address: _____	_____
Street	City
State	Zip
Occupation: _____	Years Acquainted: _____
Name of Individual: _____	Phone Number: _____
Address: _____	_____
Street	City
State	Zip
Occupation: _____	Years Acquainted: _____
Name of Individual: _____	Phone Number: _____
Address: _____	_____
Street	City
State	Zip
Occupation: _____	Years Acquainted: _____

Please read and initial each paragraph below (if there is any part of this page that you do not understand, please ask a staff member about it *before* signing.

- I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers I have given are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or, if employed, grounds for immediate discharge regardless of the time elapsed before discovery. _____ Initial
- I hereby authorize the South Lake Tahoe Women's Center to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment, and I further authorize my current and former employers to disclose to the South Lake Tahoe Women's Center any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the South Lake Tahoe Women's Center, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. _____ Initial
- If hired, I understand and agree that I will abide by the South Lake Tahoe Women's Center's Alcohol- and Drug-Free Workplace Guideline & Drug Testing Policy which provides that I may be required to submit to an alcohol/drug screening upon reasonable suspicion of use of alcohol or drugs on the job, for safety-sensitive positions, and/or after an accident. _____ Initial
- I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the South Lake Tahoe Women's Center. In addition, I understand and agree that if I am employed, my employment relationship with the South Lake Tahoe Women's Center is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, and with or without cause or reason, at the option of either myself or the South Lake Tahoe Women's Center, and that no promises or representation contrary to the foregoing are binding upon the South Lake Tahoe Women's Center unless made in writing and signed jointly by the Executive Director and myself. _____ Initial
- Client confidentiality is of paramount importance at the Women's Center, and I understand and agree that I must sign a Pledge of Confidentiality if employed. _____ Initial
- I understand and agree that any future changes in my job title, duties, compensation, working conditions, and/or South Lake Tahoe Women's Center benefits, policies, and procedures will not alter our at-will agreement. _____ Initial
- I understand and agree that if employed, I must be fingerprinted and that my fingerprints will be submitted to the California Department of Justice for a criminal background check. _____ Initial
- I understand and agree that if employed, I will submit myself for tuberculosis and hepatitis testing upon being hired and at least once per year thereafter. _____ Initial
- I understand that, if employed, I will be required to possess a current and valid California driver's license (or a valid Nevada driver's license if a Nevada resident) and that I will be required to provide my original official driving record and proof of insurance. _____ Initial

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Signature: _____

Date: _____

Revision 8/2/10