



**Family  
Violence  
Prevention  
Services, Inc.**  
The Battered Women  
and Children's Shelter

## APPLICATION FOR CONTRACT EMPLOYMENT

The Family Violence Prevention Services, Inc. is an Equal Opportunity Employer and does not discriminate against qualified applicants for employment on account of race, color, religion, sex, age, national origin or disability. The Agency also prohibits harassment in the work place.

### PERSONAL INFORMATION

|  |                     |        |   |
|--|---------------------|--------|---|
| Last Name  | First Name          | Middle | Date  |
| Have you ever used another name for work, school or other purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, identify name(s), dates used and circumstances.                         |                     |        | Home Telephone<br>(    )  |
| Street Address   |                     |        | Business Telephone<br>(    )  |
| City, State, Zip   |                     |        | Pay Requested   |
| Have you ever applied for or been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |        | Are you at least eighteen years of age?   |
| If employed:   |                     |        | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Month and Year:  | Location:           |        |   |
| Position:  | Reason for leaving: |        |   |
| Position Applied for:  |                     |        | Will you work overtime if asked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If not, what hours/days can your work? _____   |                     |        | Date you are available to begin work?   |
| Do you plan to engage in other work if employed by the Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please indicate employer, position and days/hours of the week employed. |                     |        | Are you related to a current employee of Family Violence Prevention Services, Inc.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                     |        | Social Security Number  |
| Do you currently engage in the illegal use of drugs (such as marijuana, cocaine, heroine, LSD, etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |        |   |

### EDUCATION

| School  | Name and Location Of School | Course of Study | No. of Years Completed | Did You Graduate?   | Degree or Diploma? |
|---|-----------------------------|-----------------|------------------------|---|--------------------|
| Graduate  |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| College   |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| Business/Trade/Technical  |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| High School   |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| <b>Membership in Professional or Civic Organization</b><br>(Exclude those which may disclose your race, color, religion or national origin) |                             |                 |                        |   |                    |
|   |                             |                 |                        |   |                    |

## EMPLOYMENT

Provide complete information on all employment (full-time or part-time) during the past 10 years, or your 5 preceding employers, whichever is greater. Use additional sheets if necessary.

|                    |  |
|--------------------|--|
| Company Name       | Telephone<br>( )   |
| Address            | Employed (Month & Year)  |
| Name of Supervisor | Weekly Pay<br>Start                      Ending  |
| Job Title          | Reason for Leaving:<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated<br><input type="checkbox"/> Quit without Notice <input type="checkbox"/> Laid off<br><input type="checkbox"/> Asked to resign<br><input type="checkbox"/> Other (specify) |
| Describe Your Work |  |

|                    |  |
|--------------------|--|
| Company Name       | Telephone<br>( )   |
| Address            | Employed (Month & Year)  |
| Name of Supervisor | Weekly Pay<br>Start                      Ending  |
| Job Title          | Reason for Leaving:<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated<br><input type="checkbox"/> Quit without Notice <input type="checkbox"/> Laid off<br><input type="checkbox"/> Asked to resign<br><input type="checkbox"/> Other (specify) |
| Describe Your Work |  |

|                    |  |
|--------------------|--|
| Company Name       | Telephone<br>( )   |
| Address            | Employed (Month & Year)  |
| Name of Supervisor | Weekly Pay<br>Start                      Ending  |
| Job Title          | Reason for Leaving:<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated<br><input type="checkbox"/> Quit without Notice <input type="checkbox"/> Laid off<br><input type="checkbox"/> Asked to resign<br><input type="checkbox"/> Other (specify) |
| Describe Your Work |  |

|                    |  |
|--------------------|--|
| Company Name       | Telephone<br>( )   |
| Address            | Employed (Month & Year)  |
| Name of Supervisor | Weekly Pay<br>Start                      Ending  |
| Job Title          | Reason for Leaving:<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated<br><input type="checkbox"/> Quit without Notice <input type="checkbox"/> Laid off<br><input type="checkbox"/> Asked to resign<br><input type="checkbox"/> Other (specify) |
| Describe Your Work |  |

|                    |  |
|--------------------|--|
| Company Name       | Telephone<br>( )   |
| Address            | Employed (Month & Year)  |
| Name of Supervisor | Weekly Pay<br>Start                      Ending  |
| Job Title          | Reason for Leaving:<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated<br><input type="checkbox"/> Quit without Notice <input type="checkbox"/> Laid off<br><input type="checkbox"/> Asked to resign<br><input type="checkbox"/> Other (specify) |
| Describe Your Work |  |

*(Use additional sheets if necessary)*

Have you ever been terminated from employment or asked to resign by any employer?  Yes  No

If yes, please provide employer, dates and circumstances. \_\_\_\_\_

The Agency regularly contacts prior employers to obtain references regarding work history, conduct and suitability for employment. May we contact your present employer at this time?  Yes  No  
(reference from present employer will be required before hiring).

Did you serve in the U.S. Armed Forces?  Yes  No If yes, what Branch?

Describe any training received or special skills relevant to the position to, which you are applying.

Have you ever been bonded?  Yes  No

Have you ever been denied a bond for employment?  Yes  No

Has any claim been made against you under an employment bond?  Yes  No

Do you have all professional license/registrations that apply to the position you are seeking?  Yes  No

List License, registration, issuing organization and date of issuance.

Has your professional license/registration ever been denied, revoked, suspended or otherwise restricted?  Yes  No

If yes, please provide information on license/certification, action, date and nature of action.

## CRIMINAL HISTORY

There is no time limit on the questions regarding your criminal history. Unless a time limit is specifically stated in a question, you must include information on **ALL** convictions, pleas and alternative adjudications that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed except where confidentiality is required under state law. If you are uncertain of the date or how a criminal offense is classified, state the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

Have you **EVER** been convicted of any criminal offense (misdemeanor or felony)?  Yes  No

Have you **EVER** pled guilty to any criminal offense (misdemeanor or felony)?  Yes  No

Have you **EVER** pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony)?  Yes  No

If you answered "yes" to any of these questions, please complete information on all criminal offense(s), date(s), location(s)(city/county and state) and disposition:

---

---

---

---

*(use additional sheets if necessary)*

Have you **EVER** served or participated in any form of alternative sentencing or disposition program (for example, probation, pretrial diversion, or deferred adjudication) for any criminal offense?  Yes  No

If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome:

---

---

---

---

*(use additional sheets if necessary)*

Check the appropriate box if you have **EVER** served any of the following for any criminal offense. This list is not intended to be a complete description of all alternative disposition programs/sentencing options. Therefore, if the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last box and describing the program. Failure to disclose any alternative disposition program/sentencing option will be considered falsification and will result in your ineligibility for employment.

|  |  |  |
|--|--|--|
| <input type="checkbox"/> pretrial diversion                        | <input type="checkbox"/> deferred adjudication                   | <input type="checkbox"/> deferral of prosecution     |
| <input type="checkbox"/> suspended sentence                        | <input type="checkbox"/> community supervision                   | <input type="checkbox"/> probation prior to judgment |
| <input type="checkbox"/> shock incarceration                       | <input type="checkbox"/> community-based punishment              | <input type="checkbox"/> postponed judgment          |
| <input type="checkbox"/> probation                                 | <input type="checkbox"/> unconditional discharge                 | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> community control program                 | <input type="checkbox"/> pretrial investigation                  | <input type="checkbox"/> indeterminate commitment    |
| <input type="checkbox"/> pretrial release                          | <input type="checkbox"/> probation without adjudication of guilt | <input type="checkbox"/> supervised release          |
| <input type="checkbox"/> any other type of disposition or program; | <input type="checkbox"/> conditional discharge                   |  |

Describe type:

---



---



---



---



---



---

If you participated in **ANY** alternative disposition programs/sentencing options, provide complete information on the criminal offense, nature of program and date of completion:

---



---



---



---



---



---



---

*(use additional sheets if necessary)*

Conviction of a crime is not an automatic bar to consideration for employment or continued employment. Factors such as the date of the offense, the time period between the offense and the present, the nature and seriousness of the offense, and rehabilitation will be considered by Family Violence Prevention Services, Inc.

## APPLICATION/HIRING PROCESS

Family Violence Prevention Services, Inc., will carefully consider the qualifications of applicants for the position listed on application.

Acceptance of this application does not imply that the applicant will be extended a job offer. FVPS may not interview all applicants for vacant positions. Those applicants to be interviewed will be contacted by FVPS. Applications will be actively considered for 120 days after receipt by FVPS. If applicants desire to be considered after that time period, or for a position not listed on this form, they must submit a separate application form to FVPS. FVPS cannot update your application form by telephone.

## APPLICANT VERIFICATION

I verify that all of the information on this application, exhibits and resumes is true, correct and complete. I have not withheld any information requested by Family Violence Prevention Services, Inc. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination from employment, whenever discovered.

This application is not a job offer or employment contract with Family Violence Prevention Services, Inc. for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by Family Violence Prevention Services, Inc. at any time without notice or requirement of cause.

I understand that if employed, I will be required to complete a federal I-9 form and provide verification of my identity and right to work in the United States.

I understand that the Agency contacts prior employers to obtain references regarding work history, conduct and suitability for employment.

Any conditional offer of employment by Family Violence Prevention Services, Inc. is subject to successful completion of all employment requirements, including but not limited to verifying employment/personal reference, criminal record, license/certification, and driving record (where appropriate).

I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide FVPS and its agents with complete information they may have concerning my character, employment record and suitability for employment. I hereby release my current and all previous employers from all liability for any damages resulting from their furnishing such information to FVPS. I understand that if FVPS elects to conduct a consumer report about me under the Fair Credit Reporting Act that I will receive a separate notice and must sign a separate authorization for that report.

I understand that no supervisor, manager or executive of FVPS, other than the Executive Director, has any authority to enter into any contract or create any employment relationship other than "at will."

All applicants given a conditional employment offer must consent and submit to testing for the current illegal use of drugs. I understand that if I decline to submit to drug testing or produce a positive test result for the current illegal use of drugs, any conditional employment offer will be withdrawn and I will not be further considered for employment with the Agency for three months.

If employed, I will comply with all of Family Violence Prevention Services, Inc. policies, rules and procedures.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature