



THE  
CENTER  
FOR  
WOMEN  
AND  
FAMILIES

# THE CENTER FOR WOMEN AND FAMILIES



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## APPLICATION FOR EMPLOYMENT

The Center for Women and Families is an equal opportunity employer. Its policies, procedures, personnel programs, and services to clients are administered to insure that neither employees, applicants nor clients are subjected to discrimination on the basis of race, color, national origin, sex, religion, age, sexual preference, gender identity, familial status, pregnancy or disability. Persons being considered for jobs within The Center for Women and Families organization will be evaluated upon their academic and/or experience qualifications and their ability to meet the requirements of the job. Applicants, if hired, will be subject to employment at will.

PLEASE READ CAREFULLY - PRINT CLEARLY - ANSWER ALL QUESTIONS

### PERSONAL RECORD

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)				HOME TELEPHONE NUMBER ( )
CITY		STATE	ZIP CODE	WORK TELEPHONE NUMBER ( )
POSITION DESIRED	STARTING SALARY DESIRED \$ PER		SHIFT HOURS YOU CAN WORK <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> OTHER	DATE AVAILABLE FOR WORK
HAVE YOU EVER WORKED FOR OR APPLIED FOR A POSITION WITH THE CENTER FOR WOMEN & FAMILIES? DATE _____ LOCATION _____ SPECIFIC DETAILS:			<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS BELOW	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, TYPING SPEED, ETC.)			HOW DID YOU LEARN OF OUR ORGANIZATION? <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____ <input type="checkbox"/> Employee Referral Name: _____	
			Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, for what and when _____ A positive response to the above question does not necessarily disqualify this application for employment	
			Have you ever been convicted of a Sex Crime or as a Violent Offender? <input type="checkbox"/> YES <input type="checkbox"/> NO Per KRS 17.165- A positive response PROHIBITS you from employment at CWF	

### EDUCATION

NAME	CITY AND STATE	CIRCLE LAST GRADE COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL		9 10 11 12		
COLLEGES, UNIVERSITIES, INSTITUTES	MAJOR	DATES ATTENDED (For Reference Check)		
APPRENTICESHIPS, TRAINING PROGRAMS OR OTHER EDUCATIONAL EXPERIENCES	SUBJECT	DATES ATTENDED (For Reference Check)		

EMPLOYMENT RECORD	List employment for the past 10 years beginning with last or <u>present</u> job. (If additional space is required, please attach separate sheet.)		
NAME & ADDRESS OF EMPLOYER	EMPLOY- MENT	POSITION	BRIEF DESCRIPTION OF JOB SKILLS :
COMPANY NAME	DATES (MO. & YR.)	JOB TITLE	
ADDRESS	FROM	NAME OF SUPERVISOR	
CITY & STATE                      ZIP		REASON FOR LEAVING	
TELEPHONE NO. (        )	TO	START SALARY	
KIND OF BUSINESS		END SALARY	
COMPANY NAME	DATES (MO. & YR.)	JOB TITLE	SKILLS:
ADDRESS	FROM	NAME OF SUPERVISOR	
CITY & STATE                      ZIP		REASON FOR LEAVING	
TELEPHONE NO. (        )	TO	START SALARY	
KIND OF BUSINESS		END SALARY	
COMPANY NAME	DATES (MO. & YR.)	JOB TITLE	SKILLS:
ADDRESS	FROM	NAME OF SUPERVISOR	
CITY & STATE                      ZIP		REASON FOR LEAVING	
TELEPHONE NO. (        )	TO	START SALARY	
KIND OF BUSINESS		END SALARY	
COMPANY NAME	DATES (MO. & YR.)	JOB TITLE	SKILLS:
ADDRESS	FROM	NAME OF SUPERVISOR	
CITY & STATE                      ZIP		REASON FOR LEAVING	
TELEPHONE NO. (        )	TO	START SALARY	
KIND OF BUSINESS		END SALARY	

CAN PRESENT EMPLOYER BE CONTACTED?    YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR WANTING NEW JOB:

• Do you possess any kind of professional license, certificate, or registration (not including a driver's license)?     Yes     No

<u>Type of License/Certificate</u>	<u>State/ License #</u>	<u>Expiration Date</u>	Has your license in any state ever been denied, limited, suspended, sanctioned, revoked, voluntarily or involuntarily relinquished, or not renewed?
			<input type="checkbox"/> Yes <b><u>If Yes, please explain on back of this page</u></b> <input type="checkbox"/> No

PERSONAL REFERENCES - Please list three references other than relatives in addition to Job Contacts		
NAME	ADDRESS	TELEPHONE NUMBER (     )
NAME	ADDRESS	TELEPHONE NUMBER (     )
NAME	ADDRESS	TELEPHONE NUMBER (     )

### NOTICE AND AUTHORIZATION - PLEASE READ CAREFULLY

Applicant certifies that all of the statements contained in this application are true. The Center for Women and Families is hereby authorized to investigate said statements and if any statement is found to be false, said falsehood shall be sufficient cause and reason for either refusal to hire or termination.

Applicant understands and agrees that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ the applicant in the future.

Applicant hereby authorizes The Center for Women and Families to investigate all references and to secure additional information about the applicant. Additionally, The Center for Women and Families will perform Criminal Background checks (local, state, and National Sex Crimes) and any employment offer is contingent upon such background check. I hereby release from liability The Center for Women and Families and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

#### PLEDGE OF CONFIDENTIALITY

I hereby pledge that I shall safeguard and trust as Confidential, any and all information (whether acquired through verbal communication, written record, or observation) regarding any client, relative or friend of a client, staff member, or volunteer member of The Center for Women & Families, which I may, through my affiliation with The Center for Women and Families, so acquire.

APPLICANT'S SIGNATURE	DATE