



Women's Resource Center of the New River Valley, Inc.

Employment Application

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

General Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Emergency Contact: _____ Address & Phone: _____

If employment is offered, can you produce documentation required by law to establish work authorization and identity? YES NO

Have you ever been dismissed, involuntarily terminated or forced to resign from a company? YES NO

If yes, please explain: _____

Is there any reason that you would not be able or willing to perform any of the tasks required by the position you are seeking? YES NO

If yes, please explain: _____

Is there any reason why you would be unwilling to report to work on time on a regular consistent basis? YES NO

If yes, please explain: _____

Are you willing to work some evening, weekend, and holiday hours when necessary? YES NO

If no, please explain: _____

Employment Desired

Are you seeking: Full Time Part Time Temporary or Summer employment

Position Applied for: _____

Date Available: _____

Are you now or do you expect to be engaged in other business or employment? Yes No

How did you learn of our organization and/or position? _____

Employment History

Please account for all time since leaving school, or the last 10 years. Include current employment, military service, any period of unemployment, and list in order of your most recent experience first. Verifiable work, performed on a volunteer basis may be included. **Do not reference your resume.**

Employer: _____ City, State: _____

Name and title of last supervisor: _____ Phone or email: _____

Job Title: _____ Nature of business: _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

Employer: _____ City, State: _____

Name and title of last supervisor: _____ Phone or email: _____

Job Title: _____ Nature of business: _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

Employer: _____ City, State: _____

Name and title of last supervisor: _____ Phone or email: _____

Job Title: _____ Nature of business: _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

If not graduated, reason for leaving: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If not graduated, reason for leaving: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If not graduated, reason for leaving: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If not graduated, reason for leaving: _____

List any scholastic honors, offices held and activities involved in during high school or college: _____

List and describe any other School or Specialized Training: _____

Additional Experience

Please accurately represent your experience level with each program:

	None	A little	A lot	Expert
MS Word				
MS Excel				
MS Outlook				

What special skills, knowledge, business license, or other job related experience do you have that is not covered elsewhere on this application? List any organizations in which you participate that relate to the position for which you are applying. _____

References

Give three references who are not relatives or former employers.

Full Name: _____ Phone: _____

Occupation: _____

Address: _____

Full Name: _____ Phone: _____

Occupation: _____

Address: _____

Full Name: _____ Phone: _____

Occupation: _____

Address: _____

Disclaimer and Signature

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for immediate discharge.

I hereby authorize the Women's Resource Center of the New River Valley, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to the revealing of any and all information they wish as a result of this investigation. In addition, I hereby waive my rights to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the organization. I understand that, if employed, my employment is "at-will" and may be terminated by myself or the organization at any time for any reason at all, with or without prior notice.

Signature: _____ Date: _____

This application becomes void after one year unless renewed.

The Women's Resource Center of the New River Valley, Inc. is committed to providing equal opportunity for all employees and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, political affiliation, personal appearance, family responsibilities or any other characteristic protected under federal, state or local law. Each person is evaluated on the basis of personal skill and merit. The Women's Resource Center of the New River Valley, Inc. is also committed to complying fully with applicable disability discrimination laws, and ensuring that equal opportunity in employment exists at the Women's Resource Center of the New River Valley, Inc. for qualified persons with disabilities.