



Family Violence Center, Inc.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year Location:				Social Security #
Position Desired				Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				Will you work overtime if asked?
Are you legally eligible for employment in the United States?				When will you be available to begin work?
Have you ever been found guilty to or been convicted of any criminal act in this state or any state? <input type="checkbox"/> Yes (Complete section below) <input type="checkbox"/> No, I have not been found guilty to or been convicted of any criminal act in this state or any state.				
Date	City	State	County	Circumstances (identify charges, attach separate page if necessary)
Special training or skills (languages, machine operation, etc.)				

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

Family Violence Center, Inc.
P.O. Box 5972
Springfield, MO 65801
417.837.7700 Ph.
417.837.7707 Fax

**Please briefly answer the questions below and
fill in items A through H on the back of this page**

How did you hear about our agency?.....This job opening?

What is your general knowledge of Domestic Violence?

What is your experience with providing direct services to people in crisis?

What do you know about the areas of confidentiality and professionalism?

What kinds of contact have you had with law enforcement, health care, and social service providers in this community?

Have you had to handle multiple tasks? Work under pressure? On a team?

What kind of people do you like to be around? Least like to be around?

List five of your best qualities or characteristics. List five of your not-so-good ones.

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

What schedule or shift do you prefer? Do you have reliable transportation? Phone?

What do you feel makes you the right person for this job? Any other comments you would like to add?

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

APPLICANT: Complete items A through H.

FROM: FAMILY VIOLENCE CENTER, INC.
(417) 837-7700 ATTN: Personnel
(417) 837-7707 Fax

TO: 1. _____
2. _____

I, **(A)** _____, do hereby authorize the release and/or receipt of the following confidential information in written or verbal form: Previous employment verification (dates of employment, job title, duties and eligibility for rehire).

The above information is released for the following purpose and that purpose only. Any other use is forbidden: Employment application for advocacy in shelter and daycare.

I understand that my records are protected by state and federal law, and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance hereon.

I hereby release any person, educational institution, firm physician, clinic, hospital, or agency from any liability for information furnished pursuant to this authorization.

SIGNATURE: **(B)** _____ TODAY'S DATE: **(C)** _____
PRINT NAME: **(D)** _____ SOC. SEC. #: **(E)** _____
DATE OF BIRTH: **(F)** _____ TELEPHONE #: **(G)** _____
APPROXIMATE DATES OF EMPLOYMENT: **(H)** _____

.....

EMPLOYER, COMPLETE THE FOLLOWING AND FAX TO (417) 837-7707

POSITION HELD: _____
TASKS OR SKILLS INVOLVED: _____

DATES OF EMPLOYMENT: FROM ____ / ____ / ____ TO ____ / ____ / ____

REASON FOR SEPARATION: _____

ELIGIBLE FOR REHIRE: YES / NO IF NO, WHY? _____

OTHER COMMENTS: _____

COMPLETED BY: _____ TITLE: _____
PHONE #: _____

THANK YOU FOR YOUR TIME.

FAMILY VIOLENCE CENTER, INC.
P.O. Box 5972
Springfield, MO 65801
fvc@familyviolencecenter.org
www.familyviolencecenter.org

Family Violence Center, Inc. Application

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
___ Yes ___ No

List any tickets you have received or auto accidents you have been involved in the past five years; or write "N/A" (non-applicable).

Ticket/Accident Date

Ticket/Accident Date

Ticket/Accident Date

Ticket/Accident Date

I understand that the following screening reports will be filed in my name: "Family Care Safety Registry – Worker Registration and Employer Background Screening Request" to screen for background of Child Abuse and Neglect and criminal background.

The following documents must be presented upon hire: (1) **current and valid driver's license**, (2) **proof of citizenship or immigration status (e.g. Social Security card or official birth certificate)** (3) **current vehicle insurance** and (4) **current Department of Motor Vehicle driving history record**.

Employees must have a reliable means of communication to remain eligible for employment (e.g. phone, pager).

Employees must take a pre-employment drug test and if hired, will be on the random drug testing list and must submit to random drug testing.

Employees suspected of using or being under the influence of illegal drugs while on-the-job may be asked to submit to a drug test. If suspected of stealing, abuse, neglect, etc., an employee may be asked to submit to a polygraph test.

I have read, understand & agree with the above statements.

Name Printed: _____

Signature: _____

Date: _____