

Employment Application

Rape Response, Inc.

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE

TODAY'S DATE _____ Employment Desired: Full-Time Part-Time

Name _____
Last First Middle

Present Address _____

Phone Number(s): Home: _____ Cell: _____
 Other: _____ (Please check preferred phone number.)

Email Address: _____

Rape Response, Inc. employees must be a minimum age of 18. Are you at least 18 years of age? _____

Can you work periodic nights or weekends for on-call, direct service or business-related duties? Yes No

Position applying for: _____ Desired Salary: _____

When are you available to begin work? _____

Education

Type of School	Name of School	Years Enrolled	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continuing Education, Training, Certifications or Awards-Recognition [Optional]

Have you ever been convicted of a crime? Yes No (If Yes, please explain. A criminal background check will be done.)

Upon Employment, Form I-9 is completed.

References

Please list three references, with a minimum of two professional references:

Name _____ Position _____

Company _____

Phone # (s) _____ or _____

Mailing Address _____

Email Address (Optional) _____

Name _____ Position _____

Company _____

Phone # (s) _____ or _____

Mailing Address _____

Email Address (Optional) _____

Name _____ Position _____

Company _____

Phone # (s) _____ or _____

Mailing Address _____

Email Address (Optional) _____

Other Information [OPTIONAL] (Applicants may provide additional information about their skills, experience, knowledge, employment history and interest in the position. See Resume and/or Cover Letter is acceptable)

Work Experience

[List your work experience for the past five years. "See resume" notation does not apply if resume does not exhibit all information in this section of the employment application]

Please check if you do not want us to contact your current employer and current supervisor. If currently employed, please write CURRENTLY EMPLOYED in the "Reason for Leaving" area for that employer.

Name of Employer _____ Position Held _____

Name of Last Supervisor _____ Phone Number _____

Address _____

Employed Dates: From _____ (MM/YR) TO _____ (MM/YR)

Reason for leaving (be specific) _____

Name of Employer _____ Position Held _____

Name of Last Supervisor _____ Phone Number _____

Address _____

Employed Dates: From _____ (MM/YR) TO _____ (MM/YR)

Reason for leaving (be specific) _____

Name of Employer _____ Position Held _____

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Address _____

Employed Dates: From _____ (MM/YR) TO _____ (MM/YR)

Reason for leaving (be specific) _____

Name of Employer _____ Position Held _____

Name of Last Supervisor _____ Phone Number _____

Address _____

Employed Dates: From _____ (MM/YR) TO _____ (MM/YR)

Reason for leaving (be specific) _____

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal to hire or termination of my employment. Rape Response, Inc. has the right to check references and verify information on the application.

Rape Response, Inc., in accordance with Federal Equal Opportunity Laws, does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation including gender identity or expression, veteran status, or physical or mental disability in the hiring of its employees.

Signature of Applicant _____