

SAAFE House

Application for Employment

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, marital status, physical or mental disabilities, or veteran status.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alt. Telephone: _____

Social Security #: _____

Position Applied For: _____

How did you learn of this opening? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on a restricted basis? Yes No

Education:	Name and Location	Major	Degree
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____

Other Training, including seminars, conferences, on the job or formal training:

In addition to your work history, do you have other skills or qualifications that are relevant to the position for which you are applying?

Employment and Volunteer History

Start Date: _____ End Date: _____ End Salary: _____

___ Volunteer ___ Employed Number of Years and Months _____ Full Time ___ Part Time ___

Company Name: _____

Address: _____ Telephone: _____

Name of Supervisor: _____

Position Held: _____

Responsibilities and Tasks: _____

Reasons for Leaving: _____

Start Date: _____ End Date: _____ End Salary: _____

___ Volunteer ___ Employed Number of Years and Months _____ Full Time ___ Part Time ___

Company Name: _____

Address: _____ Telephone: _____

Name of Supervisor: _____

Position Held: _____

Responsibilities and Tasks: _____

Reasons for Leaving: _____

Start Date: _____ End Date: _____ End Salary: _____

___ Volunteer ___ Employed Number of Years and Months _____ Full Time ___ Part Time ___

Company Name: _____

Address: _____ Telephone: _____

Name of Supervisor: _____

Position Held: _____

Responsibilities and Tasks: _____

Reasons for Leaving: _____

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Reasons for Leaving: _____

Start Date: _____ End Date: _____ End Salary: _____

___ Volunteer ___ Employed Number of Years and Months _____ Full Time ___ Part Time ___

Company Name: _____

Address: _____ Telephone: _____

Name of Supervisor: _____

Position Held: _____

Responsibilities and Tasks: _____

Reasons for Leaving: _____

Please use additional sheets for other related positions.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application for employment shall be considered sufficient cause for dismissal. SAAFE House is hereby authorized to make any investigations of my prior educational and employment history and references.

I understand that employment at SAAFE House is "at will" which means that either I or SAAFE House can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of SAAFE House, other than the Executive Director has the authority after the foregoing.

Signature: _____ Date: _____