



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. Application content must be clear and legible in order to be considered for employment.

Date: _____ Applying to work in: Huntsville Livingston Trinity (Mark all that apply)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alt. Telephone: _____

Email Address: _____

Are you a citizen of the United States? Yes No If No, are you authorized to work in the US? Yes No

Have you ever worked for SAAFE House? Yes No If Yes, when/what position: _____

Have you been convicted of felony? Yes No If Yes, Explain: _____

Are you applying for a posted position? Yes No If Yes, what position: _____

How did you hear of this position? _____ Desired Salary: _____ Date Available: _____

Seeking: Full Time Employment Part Time Employment If Part Time, # of Hours per week: _____

Availability (indicate times that you are **NOT** available to work)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

*Note: All residential positions are scheduled 24 hours a day. Please keep this in mind in noting availability.

Area(s) of Interest (Mark all that Apply):

- | | | |
|-------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Administrative/Reception | <input type="checkbox"/> Finances/Accounting | <input type="checkbox"/> Residential Advocate |
| <input type="checkbox"/> Crisis Intervention Advocate | <input type="checkbox"/> Legal Advocate | <input type="checkbox"/> Volunteer Program |
| <input type="checkbox"/> Education | <input type="checkbox"/> Marketing/Events | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Elite Repeat/Sales | <input type="checkbox"/> Program Supervisor | |

Employment and Volunteer History

Company Name: _____

Position Held: _____ Start and End Dates: _____ Volunteer Employed

Hours worked per week: _____ End Salary: _____ Name of Supervisor: _____

Address: _____ Telephone: _____

Responsibilities: _____

Reason(s) for Leaving: _____

Company Name: _____

Position Held: _____ Start and End Dates: _____ Volunteer Employed

Hours worked per week: _____ End Salary: _____ Name of Supervisor: _____

Address: _____ Telephone: _____

Responsibilities: _____

Reason(s) for Leaving: _____

Company Name: _____

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Hours worked per week: _____ End Salary: _____ Name of Supervisor: _____

Address: _____ Telephone: _____

Responsibilities: _____

Reason(s) for Leaving: _____

References: Please list three professional references:

Name: _____ Phone: _____ Relationship: _____

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May we contact your present employer? Yes No

Education & Training

High School: _____ Diploma/GED? Yes No

College: _____ Dates Attended: _____ Degree: _____

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Other Training: (seminars, conferences, certifications, coursework, on the job or formal training)

Type/Topic: _____ Date(s) Attended: _____

Notes: _____

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Notes: _____

Are you fluent (orally AND written) in any languages other than English? Yes No

If so, what language(s): _____

In addition to your work history, describe other skills or qualifications that are relevant to the position for which you are applying: _____

Disclaimer and Signature

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.

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. I also understand that many positions are grant funded and employment could be contingent on funding renewal.

My signature indicates that SAAFE House is hereby authorized to make any investigations of my prior educational, criminal, and employment history and references. I understand that this information will be used, in part, to determine my eligibility for employment with the SAAFE House.

Signature: _____ Date: _____

