

ADAMS WELLS CRISIS CENTER

Employment Application

The Adams Wells Crisis Center is an equal opportunity organization. Applicants are considered for employment without regards to race, sex, age, sexual orientation, disability, citizenship status or any other basis prohibited by law. AWCC will comply with its obligation to provide reasonable accommodations to qualified individuals with disabilities. AWCC is committed to selecting Employees/Volunteers based on character, ethics, interest and ability to participate in our program. It is imperative that the character and reputations of our employees/volunteers be above reproach. This is for the protection of our employees, volunteers, and clients.

General Information

Position for which you are applying _____ Date _____

Name _____

Current Address _____

Phone Number _____

Have you ever been convicted of a crime? _____ If yes, please explain _____

What shifts/days are you available to work? _____

Have you ever applied here before? _____ If yes, please give dates _____

Volunteer Activities

Please list any organizations with which you have provided volunteer services and describe the service provided _____

Have you ever been asked to resign from any volunteer position? _____ If yes, please state why

Education

Last grade completed _____ Name of High School _____

Year of High School graduation _____ Type of High School degree earned _____

College attended _____

Number of years _____ Major _____

Degree earned _____

Other colleges or educational programs attended

Skills

Clerical skills

Computer skills

Sports activities

Group leadership

Personal References (please do not list anyone related to you or who is a current or past employer)

Name _____

Address/phone number _____

Relationship/# of years known _____

Name _____

Address/phone number _____

Relationship/# of years known _____

Employment Records (Please start with most recent and do not omit any employment)

Employer:	Employment dates:	Job Description:
Supervisor's name:	Pay rate:	
Address/phone number:	Hours worked per week:	Reason for leaving:

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May we contact the employer(s) listed above? _____

If no, please list the employers you DO NOT wish for us to contact and state why

Have you ever been discharged or asked to resign from a position? _____

If yes, please list the employer and dates of employment

Please briefly describe why you would like to be employed by AWCC and believe you would be beneficial to our team: _____

Applicant's Statement (Please indicate that you have read and understood each paragraph below by initially next to it.)

_____ I certify that this application was completed by me and that all entries on it are true and complete to the best of my knowledge.

_____ I hereby release AWCC and all references from liabilities for any injury or damage that may result from their furnishing information concerning me or any action AWCC takes on the basis of such information.

Applicant Signature

Date