## FORKS ABUSE PROGRAM | EMPLOYMENT / VOLUNTEER ASSIGNMENT APPLICATION

We are an equal opportunity employer.

## **Personal Information**

Name: _				SSN:	
	Last	First	Middle		
Permane	ent Address / Mail	ing Address:			
Phone N	umbers: Home: _	<del>-</del>	Work:	Message:	
Will visa	or immigration sta	ntus prevent lawfu	I employment?	Yes	No
Are you	over 18 years of a	ge?		Yes	No
_		-			rred prosecution agreen
_	criminal offense i controlled substa	_	enavior, sexual beni		trust or dishonesty, alco No
A convic	tion record will not	necessarily bar e	mployment. If yes, p	lease explain: _	
-	u ever applied to F	_	nm before?	Yes	No
Do you h	ave relatives emp	loyed or volunteer	ing at Forks Abuse P	rogram?	
lf you do	, whom?				No
Do you h	ave reliable trans	portation?		Yes	No
_	ton State required ton State driver's			Yes Yes	No No
ľ	currently doing a v f you are voluntee Vhat is your volunt	ring, where?			
			Employment Desired	I	
	/ Job:				
			ime Temporar		
Days you	ı are available: M	on Tues W	eds Thurs Fri	Sat Sun	

## **U.S. Military Service**

Have you been or are you	u currently in the U.S. Military?	Yes	No					
	Educational	Background						
	High School	College	Trade or Special Schooling					
Name & Location								
Did you graduate?								
Major area of study								
Degree obtained								
	Job Perform	ance Ability						
Are you able to perform	on a regular basis the job for	which you are applyi	ing for with or without reasonable					
accommodation?		Yes _	No					
Please describe accomm	nodation required:							
	Work H	-						
	•		s and explain any unemployment					
of more than 30 days (A	ttach additional page if necessa	ary).						
F Iv								
Supervisor:								
	City, S		<del></del>					
	Doto Cons		<del></del>					
		Date Separated (month/year) Salary/Hourly Rate Ending:						
	_	-						
Position Heid and Desch	iption of Duties:							
Fmolover:								
• • •			<del></del>					
	City, S							
_		Date Separated (month/year)						
		Salary/Hourly Rate Ending:						
Position Held and Description of Duties:								
Employer:								

Supervisor:					
Street Address:	City, State:				
Reason for Leaving:					
Date Hired (month/year): Date Separated (month/year)					
Salary/Hourly Rate Starting: Salary/Hourly Rate Ending:					
Position Held and Description	on of Duties:				
List any additional experien	<b>Skills / Experience</b> ce, skills or training applicable to the pos	ition for which you are applying:			
	References				
Give below the names of th	ree (3) persons not related to you whom y	you have known at least one year			
Name	Address & Telephone Number	Nature of Relationship			
	<b>Emergency Contact</b>				
Name	Address & Telephone Number	Nature of Relationship			
What does confidentiality m	nean?				
Have you ever held a position	on where confidentiality was a considerat	ion? If yes, please describe:			
How much do you think you	know about domostic violence, covuel as	escult and abuse?			
a little	know about domestic violence, sexual as a lot a gre	eat deal			
a iido _					
If you answered "a lot" or "g	great deal", briefly explain how you learne	d this.			

Ho	w much do you know about the Forks Abuse Program and what we do?
De:	scribe you hobbies, interests and activities you use to relax.
dis nat the pra	crimination in the hiring, promotion or treatment of employees because of race, color, creed, sex, age ional origin, sexual orientation, marital status, veteran status including Vietnam and disabled veterans or presence of any sensory, mental or physical handicap. The Program shall not discriminate in employment ctices against persons who have AIDS, have tested positive for HIV antibody or perceived to be at high risk contracting HIV.
	e Program has a commitment to ensure that all persons between 40 and 70 years of age will be provided equal opportunity for employment in an environment free of barriers and discriminatory practices.
em reli sta lim	irmative Action Policy: It is the policy of the Forks Abuse Program of affirmative action to ensure that ployees are employed and treated during employment without discrimination because of their race, color gion, sex, national origin, creed, marital status, age, sexual orientation, Vietnam era or disabled veterar tus, or the presence of any sensory, mental or physical handicap. Such action shall include, but not be ited to the following: employment, upgrading demotion or transfer, recruitment or recruitment selection for ining, including apprenticeships and volunteers.
	Read Carefully Before Signing
1.	I certify that the information I have provided in this application is true and complete, to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or in employed, falsified statements on this application or failure to furnish all requested information may result in my dismissal.
2.	I authorize my former employer(s), school(s) and personal reference(s) and any other individual or organization to provide any information solicited by Forks Abuse Program. I hereby release those persons or entities from all liability for providing such information.
3.	I understand that, if employed, my employment and compensation can be terminated by me or Forks Abuse Program with or without notice, at any time.
	Prior to employment I must provide information showing eligibility for employment in the United States and identification. I must also pass a criminal background clearance.
5.	If employed, I agree that if Forks Abuse Program advances any paid leave before it has been accrued of advances any money during the course of my employment, or if I lose, damage or do not return property Forks Abuse Program is authorized to deduct from my wages sufficient funds to repay advances of leave

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

advances of money or to replace property.