

DATE: _____

APPLICATION FOR EMPLOYMENT

Thank you for your interest in Women Helping Women, an equal opportunity employer.

(PLEASE PRINT)

PERSONAL

NAME _____
First Middle Last

ADDRESS _____
No. Street City State Zip

PHONE NUMBERS
DAY (____) _____ CELL (____) _____
EVENING (____) _____ E-MAIL _____

JOB INTEREST

POSITION (S) SOUGHT: _____

STATUS SOUGHT: AVAILABLE START DATE: _____
FULL TIME _____

PART TIME _____ NUMBER OF HOURS AVAILABLE _____
AVAILABLE DAYS _____

DESIRED COMPENSATION: _____

HOW DID YOU FIND OUT ABOUT THIS JOB OPENING? (PLEASE LIST SOURCES)

WERE YOU PREVIOUSLY EMPLOYED WITH WOMEN HELPINGWOMEN? YES _____ NO _____

IF YES, DATES EMPLOYED _____

ARE YOU LAWFULLY ELIGIBLE TO WORK WITHIN THE U.S.?

(DOCUMENTATION OF IDENTIFICATION AND ELIGIBILITY FOR U.S. EMPLOYMENT MUST BE PROVIDED AT TIME OF HIRE)

YES _____ NO _____

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (e.g., H-1B VISA STATUS) TO WORK FOR WOMEN HELPING WOMEN?

YES _____ NO _____

ARE YOU RELATED TO ANYONE EMPLOYED AT WOMEN HELPING WOMEN?

YES _____ NO _____

IF YES, PLEASE EXPLAIN

PLEASE NOTE THAT WOMEN HELPINGWOMEN POLCY REQUIRES A CRIMINAL BACKGROUND CHECK PRIOR TO EMPLOYMENT.

APPLICANT PERMISSIONS

AS A CONDITION OF EMPLOYMENT, DO YOU CONSENT TO TAKING A PHYSICAL EXAMINATION AND/OR DRUG AND ALCOHOL TEST IF AN OFFER IS MADE?

YES _____ NO _____

DO YOU AUTHROIZE WOMEN HELPING WOMEN TO MAKE ANY INVESTIGATION IT CONSIDERS NECESSARY IN REGARDS TO YOUR APPLICATION?

YES _____ NO _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma or equivalent? **YES** _____ **NO** _____

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATE YES NO Yrs. Attended	DEGREE FIELD OF STUDY	IF CURRENTLY ENROLLED PT FT	GPA
BUSINESS OR TRADE					
COLLEGE OR UNIVERSITY					
POST GRADUATE					
OTHER (SPECIFY)					

PROFESSIONAL REGISTRATION, CERTIFICATION, OR LICENSURE

TYPE	NUMBER	EXP DATE	STATE

EMPLOYMENT HISTORY

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience, which are applicable to this job.

List experience with office machines, computer software, tools and equipment.

Typing Speed (for clerical positions) _____

List all former employers beginning with most recent or current and working back in time. Include military service assignments. Ask for additional sheets if necessary.

Company	Job Duties	Supervisor
Street Address		Title
		Phone # ()
City State Zip		May we contact this person: Yes__ No __
Job Title		Reason For Leaving
Dates Of Employed From To		
Company	Job Duties	Supervisor
Street Address		Title
		Phone # ()
City State Zip		May we contact this person: Yes__ No __
Job Title		Reason For Leaving
Dates Employed From To		
Company	Job Duties	Supervisor
Street Address		Title
		Phone #()
City State Zip		May we contact this person: Yes__ No __
Job Title		Reason For Leaving
Dates Employed From To		
Company	Job Duties	Supervisor
Street Address		Title
		Phone #()
City State Zip		May we contact this person: Yes__ No __
Job Title		Reason For Leaving
Dates Employed From To		

Women Helping Women

I understand and agree that, if employed by Women Helping Women, such employment may be terminated at will, i.e., the company and I have the right to terminate the employment relationship at any time and for any reason. I also understand that only the Executive Director of Women Helping Women is authorized to modify or alter any at-will relationship to which Women Helping Women is a party.

My signature below confirms that all the facts set forth in my application for employment are true and complete. I understand that, if hired, false statements, material omissions or other misrepresentation by me on this application may result in immediate dismissal, whenever it is discovered.

Signature of Applicant

Date

Qualified applicants are considered for positions without regard to race, sex, age, disability, religion, ancestry, color, national origin, sexual orientation or any other characteristic protected by applicable law.

EQUAL OPPORTUNITY EMPLOYER

RELEASE INFORMATION

I, the undersigned, hereby authorize my former employers and others to furnish their records of my service, my reason for leaving their employment, together with all information they may have concerning me. I also release any individual, partnership, or corporation, which formerly employed me, including its officers, agents, and employees, from any liability for any damage whatsoever for issuing such information. Additionally, I hereby authorize any schools, colleges, or institutions of education I have attended, to furnish their records or transcripts of my grades, honors, and achievements they may have concerning me. I also release any individual, school, or institution, its officers, agents, and employees from liability for any damage whatsoever for issuing such information.

Signature (full name)

Social Security Number

Other names used in previous employment or while attending school (i.e. maiden name, etc.)

Date Signed