

U.S. Military Service

Have you been or are you currently in the U.S. Military? Yes _____ No _____

Branch of Service: _____ Dates of Duty: _____

Primary duties: _____

Educational Background

	<i>High School</i>	<i>College</i>	<i>Trade or Special Schooling</i>
Name & Location			
Did you graduate?			
Major area of study			
Degree obtained			

Job Performance Ability

Are you able to perform on a regular basis the job for which you are applying for with or without reasonable accommodation? Yes _____ No _____

Please describe accommodation required: _____

Work History

Please list most recent employer first. Include at least the past five (5) years and explain any unemployment of more than 30 days (Attach additional page if necessary).

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 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 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 of Duties: _____

Skills / Experience

List any additional experience, skills or training applicable to the position for which you are applying:

References

Give below the names of three (3) persons not related to you whom you have known at least one year.

<i>Name</i>	<i>Address & Telephone Number</i>	<i>Nature of Relationship</i>

Emergency Contact

<i>Name</i>	<i>Address & Telephone Number</i>	<i>Nature of Relationship</i>

What does confidentiality mean? _____

Have you ever held a position where confidentiality was a consideration? If yes, please describe:

How much do you think you know about domestic violence, sexual assault and abuse?
 a little _____ a lot _____ a great deal _____

If you answered "a lot" or "great deal", briefly explain how you learned this.

How much do you know about the Forks Abuse Program and what we do? _____

Describe your hobbies, interests and activities you use to relax. _____

Equal Opportunity Statement: It is the policy of the Forks Abuse Program that there shall be no discrimination in the hiring, promotion or treatment of employees because of race, color, creed, sex, age, national origin, sexual orientation, marital status, veteran status including Vietnam and disabled veterans or the presence of any sensory, mental or physical handicap. The Program shall not discriminate in employment practices against persons who have AIDS, have tested positive for HIV antibody or perceived to be at high risk for contracting HIV.

The Program has a commitment to ensure that all persons between 40 and 70 years of age will be provided an equal opportunity for employment in an environment free of barriers and discriminatory practices.

Affirmative Action Policy: It is the policy of the Forks Abuse Program of affirmative action to ensure that employees are employed and treated during employment without discrimination because of their race, color, religion, sex, national origin, creed, marital status, age, sexual orientation, Vietnam era or disabled veteran status, or the presence of any sensory, mental or physical handicap. Such action shall include, but not be limited to the following: employment, upgrading demotion or transfer, recruitment or recruitment selection for training, 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 if 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.
4. 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 or 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, advances of money or to replace property.

Applicant's Signature: _____ Date: _____