

**Advocates for Victims of Assault, Inc.(AVA) Employment Application**

Please email application and resume to Wendy Miller, Board President, at miller.wk@gmail.com

AVA is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. AVA only hires individuals authorized to be employed in the United States.

Answer each question fully and accurately. Please print in ink or type.

Position applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION**

**Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date available for employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you eligible to work in the United States? Yes es No**

**Desired employment? Full time Part-time**

**Hours of work per week desired?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever worked for AVA? Yes No**

**APPLICANT EDUCATION**

**High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? Yes No**

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? Yes No**

**Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? Yes No**

**PREVIOUS EMPLOYMENT**

**Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary:\_\_\_\_\_\_\_\_\_\_\_\_**

**Responsibilities:**

**From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact your previous supervisor for a reference? Yes No**

**Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary:\_\_\_\_\_\_\_\_\_\_\_\_**

**Responsibilities:**

**From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact your previous supervisor for a reference? Yes No**

**MILITARY SERVICE**

**Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rank at Dishcharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently in the Armed Forces? Yes No**

**­­­­­­­­­­­­­­­­­­­­­­­­­­REFERENCES**

**Please list three professional references.**

**Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DISCLAIMER AND SIGNATURE**

**Job applicant’s agreement and verification**

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AVA and myself for either employment or for the provision of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon AVA unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that AVA retains the same right.

In the event that I have a disability as defined under the American with Disability Act, I may contact the Board President to request reasonable accommodation in the application or interview process. AVA reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued by AVA are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

**Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**