Employment Application

Rape Response, Inc.

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE TODAY'S DATE _____ Employment Desired: ☐ Full-Time ☐ Part-Time Name First Middle Last Present Address Phone Number(s): ☐ Home: _____ ☐ Cell: _____ ☐ Other: _____ (Please check preferred phone number.) Email Address: Rape Response, Inc. employees must be a minimum age of 18. Are you at least 18 years of age? Can you work periodic nights or weekends for on-call, direct service or business-related duties? \(\subseteq \text{ Yes} \) Position applying for: Desired Salary: When are you available to begin work? Education Type of School Name of School Years Enrolled Diploma/Degree Continuing Education, Training, Certifications or Awards-Recognition [Optional] Have you ever been convicted of a crime? ☐ Yes ☐ No (If Yes, please explain. A criminal background check will be done.)

Upon Employment, Form I-9 is completed.

References

Name	Position	
	or	
Name	Position	
Company		
Phone # (s)	or	
Mailing Address		
Name	Position	
Company		
	or	
Mailing Address		

Other Information [OPTIONAL] (Applicants may provide additional information about their skills, experience, knowledge, employment history and interest in the position. See Resume and/or Cover Letter is acceptable)

Work Experience

[List your work experience for the past five years. "See resume" notation does not apply if resume does not exhibit all information in this section of the employment application]

☐ Please check if you do not want us to contact your current employer and current supervisor. If currently

employed, please write CURRENTLY I	EMPLOYED in the	e "Reason for Leaving" a	rea for that employer.
Name of Employer		Position Held	
Name of Last Supervisor		Phone Number	
Address			
Employed Dates: From	(MM/YR)	то	(MM/YR)
Reason for leaving (be specific)			
Name of Employer		Position Held	
Name of Last Supervisor		Phone Number	
Address			
Employed Dates: From	(MM/YR)	то	(MM/YR)
Reason for leaving (be specific)			
Name of Employer		Position Held	I
Name of Last Supervisor		Phone Number	
Address			
Employed Dates: From			
Reason for leaving (be specific)			
Name of Employer		Position Held	
Name of Last Supervisor		Phone Number	
Address			
Employed Dates: From	(MM/YR)	то	(MM/YR)
Reason for leaving (be specific)			

I certify that all the i	nformation on this application is accurate and complete to the best of my knowledge and
understand that mis	leading or false statements will constitute sufficient cause for refusal to hire or termination
of my employment.	Rape Response, Inc. has the right to check references and verify information on the
application.	

Rape Response, Inc., in accordance with Federal Equal Opportunity Laws, does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation including gender identity or expression, veteran status, or physical or mental disability in the hiring of its employees.

Signature of Applicant