

CENTER AGAINST SEXUAL AND FAMILY VIOLENCE
580 GILES EL PASO, TEXAS 79915
(915) 593-1000

APPLICATION FOR EMPLOYMENT

CASFV is an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, disability, sexual orientation, gender identity or any other protected trait. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

PERSONAL INFORMATION

Applicant Name (Last, First, Middle):		Date of Birth:
Social Security No:		Phone No.: ()
Address (Street, City, State, Zip Code):		
Email Address:		
Are you legally eligible to work in the U.S.? Yes ☐ No ☐	How were you referred to us?	
During the past five years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense?		
If yes to the question above, please explain (Use more paper, if necessary):		

EMPLOYMENT DESIRED

Position Desired:	Earliest Date You Can Start:	Type of Employment Desired: (Circle One) Full-Time Part-Time Temporary
Do you have any objection to the following:	Working overtime: Yes ☐ No ☐	
	Working evening shifts: Yes ☐ No ☐	
	Working weekends: Yes ☐ No ☐	

EMPLOYMENT HISTORY

Are you presently employed? Yes ☐ No ☐		May we contact your current employer: Yes ☐ No ☐	
Name of Current Employer:			
Address of current employer:			
Position Held:		Rate of Pay	Dates of Employment: From To
Immediate Supervisor:		Contact Number: ()	
Reason for Leaving			

Please provide all employment information for your past three employers (use more paper, if necessary):

Employer:			
Address:			
Position Held:		Rate of Pay	Dates of Employment: From To
Immediate Supervisor:		Contact Number: ()	
Reason for Leaving:			Eligible for Re-Hire: Yes ☐ No ☐

Employer:			
Address:			
Position Held:		Rate of Pay	Dates of Employment: From To
Immediate Supervisor:		Contact Number: ()	
Reason for Leaving:			Eligible for Re-Hire: Yes ☐ No ☐

Employer:			
Address:			
Position Held:		Rate of Pay	Dates of Employment: From To
Immediate Supervisor:		Contact Number: ()	
Reason for Leaving:			Eligible for Re-Hire: Yes ☐ No ☐

EDUCATIONAL HISTORY

Name and Location of School	Number of Years Attended	Degree or Years Completed

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, knowledge, licenses, certifications, and any other information you believe is relevant to your qualifications for this job (use more paper, if necessary):

How did you hear about this position? _____

Why are you interested in working for CASFV? _____

REFERENCES

Please list three references not related to you, whom you have known for at least one year.

Name	Address	Phone Number	Years Acquainted

CERTIFICATION & RELEASE

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment. I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I understand that all such information is subject to verification by the potential employer, and hereby give my consent to the potential employer to investigate my background and qualifications.

I understand that any intentional misrepresentation or material omission made by me on this application or during the hiring process may disqualify me from further consideration for employment or, if discovered after I am hired, may be grounds for my immediate termination, without notice, whenever it may be discovered.

I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment. I agree to undergo any type of drug and/or alcohol testing that the potential employer may require at any time. I also understand I will be required to pass a criminal background investigation and that failure to do so will result in termination.

I also understand that, if I am hired, I will be required to provide satisfactory proof of identity and legal work authorization within three days of my hire. Failure to submit such proof within the required time shall result in immediate termination of employment. I understand, if hired, I am required to abide by all CASFV's rules, policies and procedures.

I understand that this application shall be consider active for a 45-day period.

I understand that submission of this application does not necessarily mean that I will be hired. If I am hired, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I understand that no company representative, other than its owner, can enter into any employment contract with me and any such contract must be in writing and signed by both parties. Accordingly, either I or my employer can terminate the relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further understand and agree that any dispute regarding my application for employment, including without limitation, failure to receive a job offer, rescission of any pending job offer or any subsequent employment I may obtain with the company will be subject to binding arbitration, as set forth in the Mutual Agreement to Arbitrate Claims, to the fullest extent allowed by applicable state and federal law. I have read and fully understand the foregoing statements and I seek employment under the conditions set forth above.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE- FOR INTERNAL USE ONLY

Date of Receipt of Application: _____ Received By: _____

Interviewed By: _____ Date of Interview: _____

Hired: Yes ____ No ____ Date of Hire: _____ Position: _____ Wage: _____

Approved: _____