



**DOMESTIC VIOLENCE SHELTER & SERVICES, INC.**

PO Box 1555  
 Wilmington, NC 28402  
 910.343.0703 Phone / 910.343.9388 Fax  
[www.domesticviolence-wilm.org](http://www.domesticviolence-wilm.org)

(Application invalid without *written* signature and date)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in recruitment, hiring, compensation, fringe benefits, staff development, training, promotion and any other conditions of employment.

This agency does not discriminate based on race, color, religion, age, sex, national origin, political affiliation, sexual identity, or any other non-performance factors.

<b>P E R S O N A L</b>	Name: Last First Middle			If employment or school was under a different name, indicate:		
	Permanent Address (No. & Street)		City	State	Zip Code	Tel. No. (incl. area code)
	Present Address (No. & Street)		City	State	Zip Code	Tel. No. (incl. area code)
	If not a U.S. citizen, do you have the legal right to remain permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					Tel. No. (incl. area code)
	Have you ever been found guilty of, or convicted of, or plead no contest to a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position desired:	
		Access to a car while on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>E M P L O Y M E N T  E X P E R I E N C E</b>	<b>List last two positions; show your most recent experience first:</b>				
	Dates Employed From		Title of position	Final salary	Reason for leaving
	Mo.	Yr.			
	Employer's name and address			Supervisor's name, address and telephone number	
	Describe your primary responsibilities				
	Dates Employed From		Title of position	Final salary	Reason for leaving
	Mo.	Yr.			
	Employer's name and address			Supervisor's name, address and telephone number	
	Describe your primary responsibilities				
	<b>List additional employment experience</b>				
Dates employed from, to		Title of position	Name and address of employer		

<b>E D U C A T I O N</b>	<b>Name and address</b>	<b>Dates attended (from-to)</b> <i>Optional</i>	<b>Major Course of Study</b>	<b>Degree or Credits</b>
	High School			
	College/University			
	Graduate School			
	Technical or Business School			

<b>T R A I N I N G</b>	<b>List recent training, as well as other courses, college, or graduate field work</b>			
	<b>Sponsoring organization and location</b>	<b>Description of training</b>	<b>No. Days</b>	<b>Year</b>

<b>S K I L L S</b>	<b>Indicate your greatest skills and interests</b>

<b>A C T I V I T I E S</b>	<b>List current professional memberships, volunteer and/or campus activities*</b>			
	<b>Name of organization</b>	<b>Location</b>	<b>Responsibilities</b>	<b>Dates</b>

\*If you prefer, you need not list any organization or activity that might indicate the race, color, creed, religion, national origin, age, gender, political affiliation, sexual orientation, or any other non-performance factors.

<b>R E F E R E N C E S</b>	<b>Give the names of three persons (not related to you) who have definite knowledge of your qualifications.</b>					
	<b>Name</b>	<b>Address</b>	<b>Zip Code</b>	<b>Telephone</b>	<b>Position</b>	<b>Years Known</b>

<b>If your personal record is on file with a college placement office or other organization, provide the name and address of person from whom it may be secured.</b>			

May we contact your present employer? (check one box)  Yes  No

I hereby certify that all statements are full and correct to the best of my knowledge and belief. I authorize investigation of all statements contained in this application. I understand that willful misrepresentation or omission of facts may prevent my being hired and, if discovered after hiring, may be grounds for immediate dismissal. I release all persons from liability resulting from obtaining and using the information. **WRITTEN SIGNATURE REQUIRED.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_