

DOMESTIC VIOLENCE SHELTER & SERVICES, INC.

PO Box 1555

Wilmington, NC 28402 910.343.0703 Phone / 910.343.9388 Fax

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.

	Name: Last First Middle		If employment or school was under a different name, indicate:							
P E	Permanent Address (No. 8	& Street)	City	State	Zip Code	Tel. No. (incl. area code)				
RS	Present Address (No. & Street)		City	State	Zip Code	Tel. No. (incl. area code)				
O N	If not a U.S. citizen, do you	ı have the legal right	to remain permanently in the U.S.?		es 🗆 No	Tel. No. (incl. area code)				
A L	Have you ever been found guilty of, or convicted of, or plead no contest to a		Valid Driver's License?	☐ Yes ☐ No		Position desired:				
	criminal offense?	s 🗆 No	Access to a car while on	duty? 🛘 Yes	□ No					
	List last two positions; show your most recent experience first:									
	Dates Employed From To		Title of position	Final salary		Reason for leaving				
	Mo. Yr. M	o. Yr.								
E	Employer's name and add	Employer's name and address			Supervisor's name, address and telephone number					
М										
Р	Describe your primary responsibilities									
L										
0										
Y										
M E	Dates Employed From To		Title of position	Final salary		Reason for leaving				
N T	Mo. Yr. M	lo. Yr.								
•	Employer's name and address			Supervisor's name, address and telephone number						
E X										
P	Describe your primary res	sponsibilities								
Ε										
R										
E	List additional employment experience									
N	Dates employed from, to		Name and address of employer							
C E										

E	Name and address	Dates attended (from Optional	m-to) Major Course of	Study	Degree or Credits					
D U C A T I O N	High School									
	College/University									
	Graduate School									
	Technical or Business School									
T R A	List recent training, as well as other courses, college, or graduate field work									
	Sponsoring organization and location	Descript	ion of training	No. Day	s Year					
I N										
ı										
N G										
s	Indicate your greatest skills and interests									
K										
Ľ										
L S										
A C T	List current professional memberships, volunteer and Name of organization	Location	· ·							
	Name of organization	Location	Responsibilities		Dates					
V										
I T										
I E										
S	*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.									
-	Give the names of three persons (not related to you) who have definite knowledge of your qualifications.									
R E F	Name Address	Zip Code	Telephone	Position	Years Known					
E R										
E N										
C E										
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.										
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.										
	diate dismissal. I release all persons from liability resulting fro	n obtaining and using the infor	mation. WRITTEN SIGNATUR	E REQUIRED						