



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Please complete all fields. Incomplete information could disqualify you from further consideration.

Application Date _____

Name (First, Middle, Last) _____

Maiden/Alternate Name _____

Address _____

E-mail Address _____ DOB _____ SS # _____

Home Phone # _____ Mobile Phone # _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No Overtime? Yes No Weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever been convicted of a felony? Yes No Explain: _____

Have you ever been convicted of a violent crime? Yes No Explain: _____

Have you ever served in the United States armed forces? Yes No

Are you a member of a National Guard or Reserve organization? Yes No

Have you ever been employed by MCWC? Yes No

MCWC disallows employment of former clients who have received services within the 12 months prior to the date of this application. Have you received any services from MCWC during this period? Yes No Explain: _____

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

REFERRAL SOURCE:

How did you hear about us? Walk In Advertisement Referral Online Other _____

Do you know anyone who works or volunteers for our organization? Yes No If yes, who? _____

EDUCATION:

Name & Location of School (High School) _____

No. of Years Attended _____ Degree Rec'd _____

Name & Location of School (College) _____

No. of Years Attended _____ Degree Rec'd _____ Subjects Studied/Major _____

Name & Location of School (Post-Graduate) _____

No. of Years Attended _____ Degree Rec'd _____ Subjects Studied/Major _____

PROFESSIONAL LICENSE:

Type: _____ License Number: _____ State: _____ Exp. Date: _____

EMPLOYMENT HISTORY

Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer Name: _____ **From:** _____ **To:** _____

Address _____ Telephone _____

Job Title _____ Rate of Pay _____

Supervisor & Title _____ Can we contact? Yes No

Reason for Leaving _____

Summarize the nature of work performed and job responsibilities: _____

Employer Name: _____ **From:** _____ **To:** _____

Address _____ Telephone _____

Job Title _____ Rate of Pay _____

Supervisor & Title _____ Can we contact? Yes No

Reason for Leaving _____

Summarize the nature of work performed and job responsibilities: _____

Employer Name: _____ **From:** _____ **To:** _____

Address _____ Telephone _____

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Supervisor & Title _____ Can we contact? Yes No

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Summarize the nature of work performed and job responsibilities: _____

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Summarize the nature of work performed and job responsibilities: _____

Employer Name: _____ From: _____ To: _____

Address _____ Telephone _____

Job Title _____ Rate of Pay _____

Supervisor & Title _____ Can we contact? Yes No

Reason for Leaving _____

Summarize the nature of work performed and job responsibilities: _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

| <u>Name</u> | <u>Phone</u> | <u>Email</u> | <u>Company</u> | <u>#Yrs known</u> |
|-------------|--------------|--------------|----------------|-------------------|
|-------------|--------------|--------------|----------------|-------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

DRIVER'S LICENSE INFORMATION

Do you have a valid driver's license? Yes No If yes, please fill in the information below:

Driver's License # _____ State of Issue _____ Expiration Date _____

Years Driving Experience _____ # Years Van Driving Experience _____ Do you have a CDL? Yes No

Do you have valid auto insurance? Yes No If Yes, Carrier _____ Exp Date _____

Please read carefully before signing.

Montgomery County Women's Center (MCWC) is an equal opportunity employer. MCWC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MCWC to hire me. If I am hired, I understand that either MCWC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of MCWC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to MCWC true and complete information on this application. No requested information has been concealed. I authorize MCWC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date

Printed Name (First, Middle, Last)

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

Montgomery County Women's Center

FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Montgomery County Women's Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Montgomery County Women's Center or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Printed Name (First, Middle, Last)

Fair Credit Reporting Act Disclosure Statement

By this document, Montgomery County Women's Center discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name (First, Middle, Last)