

# END DOMESTIC ABUSE WISCONSIN

## Employment Application



### APPLICANT INFORMATION

Last Name	Click here to enter text.			First	Click here to enter text.		
Street Address						Apartment/Unit #	
City				State			ZIP
Phone				E-mail Address			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.				
In Case of Emergency Notify	Click here to enter text.			Phone			
Address	Click here to enter text.						

### DESIRED EMPLOYMENT

Position for which you are applying	Click here to enter text.						
Date you can start				Desired Salary			
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your present employer?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been employed by another Domestic Violence Coalition or Program before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, Where?				If yes, When?			
Reason for Leaving							
Name of last supervisor at this or another Domestic Abuse Program or Coalition							
How did you hear about this position?	Employment Agency <input type="checkbox"/>	Newspaper Ad <input type="checkbox"/>	Friend <input type="checkbox"/>	Other: <input type="checkbox"/>			

### GENERAL TRAINING AND EDUCATION

Describe any special training or education you may have that is related to the position for which you are applying.

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Describe any special skills you have that you believe this agency would be interested in.

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Describe the types of computer software with which you are familiar and the types of work you have performed using this software.

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### REFERENCES (Below, please provide the names of three persons to whom you are not related)

	Name and Employer	Address	Phone
1			
2			
3			

**SPECIAL QUESTIONS AND INSTRUCTIONS**

Please attach a description of your understanding of Domestic Violence. This discussion should be no longer than one typed, double spaced page.

What languages other than English do you speak fluently?

Can you read or write in any language other than English? If yes, which languages?

Have you been convicted of a felony or misdemeanor within the last 5 years?

YES

NO

You will not be denied employment solely because of a conviction record, unless the offense is related to the position for which you have applied.

**PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:**

"I certify that all answers to questions in this application are true, and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the service of End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc. Furthermore, I grant End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc. permission to contact the herein stated references."

Signature

Date

**END ABUSE MISSION STATEMENT**

END ABUSE is a statewide membership organization of battered women, formerly battered women, domestic abuse programs, and individuals committed to ending domestic violence. The mission of END ABUSE is to eliminate domestic violence by changing societal attitudes, practices and policies about women from diverse groups, their children and violence. This is accomplished through education, advocacy, and social action.

**END ABUSE STATEMENT OF NON-DISCRIMINATION IN EMPLOYMENT**

END ABUSE is committed to employment practices that are not discriminatory as to race, color, creed, religion, national origin, age, gender, physical or mental disabilities, source of income, marital status, sexual orientation, physical appearance, political beliefs, student status, less than honorable discharge or any factor unrelated to job performance. As well, END ABUSE is committed to providing reasonable accommodations for religious beliefs or convictions, and accommodations available/made available to persons with disabilities to compete for and perform jobs duties. END ABUSE also does not discriminate against persons with criminal records, which are occupationally irrelevant.

END ABUSE further acknowledges that all services will be provided and administered in a non-discriminatory manner.

-FOR AFFIRMATIVE ACTION PURPOSES ONLY-

Please complete the following demographic information. All information given to End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc. on this form will remain confidential and will only be used in aggregate form to assess our diversification and affirmative action efforts. It will not be used to discriminate against any applicant.

Gender:

Race/Ethnicity:

- African American
- Asian
- Caucasian
- Latino/Latina
- Native American
- Other

Do you work with or are you the support person for someone with development disabilities?

Yes

No

Are you a former victim of domestic violence?

Yes

No

Date of Birth (month/day/year): [Click here to enter text.](#)