

Domestic Violence Center of Chester County
Employment Application

To ensure that your application is properly evaluated, all questions should be answered as carefully and completely as possible. If you need more space for your answers, please use the last page of the application. Feel free to add any information, which may help us to place you where you are best qualified. You may also attach a copy of your resume to your completed application.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religious creed, ancestry, national origin, age, sex, marital status, disability, sexual orientation, or the presence of a non-job-related medication condition.

TERMS OF DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY EMPLOYMENT

I understand employment with DVCCC is on an at-will basis. This means that such employment is not for a definite duration and may be terminated by DVCCC or me at any time, with or without cause and with or without notice.

I understand that even after an offer of employment is made, employment with DVCCC is conditioned on providing proof of citizenship or legal authorization to work in the United States in accordance with the Immigration Reform and Control Act. If essential functions of the job for which I have applied, DVCCC will attempt to make reasonable accommodations to enable me to perform the essential functions. If no reasonable accommodations can be found, or they would cause DVCCC an undue hardship, the conditional offer of employment will be withdrawn. I agree to abide by all policies and procedures/rules and regulations of DVCCC and to be bound by confidentiality and other terms and conditions applicable to employment with DVCCC.

I authorize an investigation of all information and statements contained in this application or otherwise made by me in the course of applying for employment with DVCCC, and authorize contacts to listed references and release of all persons, companies or agencies responding to such investigation and contacts from any liability due to releasing any information about me.

I certify that the foregoing information and any other information I may provide is accurate and complete to the best of my knowledge and I understand that if I do not provide accurate and complete information, DVCCC may reject my application or discharge me from employment at any time no matter when DVCCC learns that I did not give accurate and complete information.

Print your name: _____ Date: _____

Signature of Applicant: _____

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PLEASE PRINT OR TYPE

| | |
|---|--|
| Name: (First, Middle, Last) | Social Security Number |
| | Birthdate |
| Address: | Phone Number: |
| Relatives or friends working/Board of DVCCC: | Referred to DVCCC by: |
| Have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you worked at DVCCC before? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What Name: | When: Where: |
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: | |
| Can you perform the functions of this specific job with or without reasonable accommodation? | |
| If you are not a U.S. Citizen, do you have the necessary papers to allow you to work here? | |
| For what position are you applying? | What is your occupational goal? |
| When can you start? | What are your salary requirements? |
| Please explain why you are applying for this job. | |

EDUCATIONAL BACKGROUND

| School attended | City, State | Years Completed | Degree/Major/Minor |
|-----------------|-------------|-----------------|--------------------|
| High School | | | |
| College | | | |

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| | | | |
|-------|--|--|--|
| Other | | | |
|-------|--|--|--|

You may be asked to provide proof of graduation and college transcripts
List any honors, scholarships, awards on the supplemental page

EMPLOYMENT HISTORY

Account for all employment in the last ten years, with last or current job listed first.

| | | | |
|--------------------|--------------------|-------------------|------------|
| Dates: | Employer | Address | Phone |
| Position held | Reason for leaving | | Supervisor |
| Summary of Duties: | | Final Salary/Wage | |

| | | | |
|--------------------|--------------------|-------------------|------------|
| Dates: | Employer | Address | Phone |
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| | | | |
|--------------------|--------------------|-------------------|------------|
| Dates: | Employer | Address | Phone |
| Position held | Reason for leaving | | Supervisor |
| Summary of Duties: | | Final Salary/Wage | |

MILITARY SERVICE

| | |
|--------------------|--------------------|
| Branch of Service: | Rank at Discharge: |
| Special Training: | Dates of Service: |

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PROFESSIONAL REFERENCES

| | | |
|-------|----------|---------------|
| Name: | Address: | Phone Number |
| Name: | Address: | Phone Number: |
| Name: | Address: | Phone Number: |

OTHER REQUIREMENTS

- Recent Child Abuse Clearances
- Recent Criminal Clearances
- Pre-Employment Drug Testing

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PERSONAL PERCEPTIONS

Please state your personal perception to the following questions. There will be further discussion regarding the mission of the Center and the services offered during the interview process.

What obstacles do you believe a battered woman faces in her attempt to stop the violence?

How do you think a woman feels when coming to the shelter?

How do you think children feel when coming to the shelter?

What do you think is the purpose of the shelter?

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Name: _____ Date: _____

Please use this sheet for any additional information

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