



AGAINST ABUSE, INC.
 PO Box 10733
 Casa Grande, AZ 85130
 Telephone: (520) 836-1239/FAX: (520) 836-7757
 Website: www.against-abuse.org

Date: _____

ON-LINE APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Against Abuse, Inc. is an Equal Opportunity Employer (E.O.E.)

PLEASE NOTE: Failure to complete the application accurately may disqualify an individual from being considered for an interview/position.

First Name	Middle Name, if no Middle Name, state None.	Last Name	In order to perform a background check, has applicant ever used another name or change of name? If yes, please list.	Social Security No. (Last 4 digits only.) XXX-XX-_____
Mailing Address	City, State	Zip Code	Email Address	Telephone
Current Open Position(s) for which you are applying? _____ _____ _____ _____	Type of position <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call Date Available to work: _____	Shift <input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> On-Call	How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> School <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee	Have you ever worked for Against Abuse, Inc.? <input type="checkbox"/> Yes, What Year? _____ <input type="checkbox"/> No Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a criminal offense or a felony? (Conviction will not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Indicate any foreign languages you can speak, read and/or write. <input type="checkbox"/> Spanish <input type="checkbox"/> Native American <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____				
Are you physically or otherwise unable to perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				

EDUCATIONAL HISTORY

Type of School	Name of School (Please abbreviate if not enough room in text box.) City, State	Check Last Year Attended in School	Diploma/Degree/Certificate
High School City & State		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED Year Graduated: _____
College or University City & State		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated: _____ List Degree(s): _____
Graduate School City & State		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated: _____ List Degree(s): _____
Business or Trade School City & State		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate

Describe any specialized training, apprenticeships, memberships, skills and extra-curricular activities or honors:
Please abbreviate if not enough room in text box.

List professional, trade, business or civic activities and offices held. You may exclude membership(s) which would reveal sex, race, religion, national origin, age, ancestry, handicap or protected status:

State any additional information you feel may be helpful to us in considering your application or specialized job related skills/qualifications:

OFFICE AND COMPUTER SKILLS

Check off those skills with which you are proficient/familiar with (any versions.)

<input type="checkbox"/> Microsoft Office 2010 (i.e. Word, Excel Publisher, Outlook, Powerpoint, etc.)	<input type="checkbox"/> Windows	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Typing WPM _____
<input type="checkbox"/> Web page/Design	<input type="checkbox"/> FAX	<input type="checkbox"/> Email	<input type="checkbox"/> Other
<input type="checkbox"/> Multi-telephone lines (How many?)	<input type="checkbox"/> Internet	<input type="checkbox"/> 10 key by touch	
<input type="checkbox"/> Chronological Filing	<input type="checkbox"/> Copiers	<input type="checkbox"/> Copier/FAX/Printer/Computer Troubleshooting	

PERSONAL REFERENCES

Give name, telephone number and number of years known who are not related to you and are not previous employers.

Name	Phone	Number of Years known

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Please abbreviate if not enough room in text box.

Current or Most Recent

From MM/DD/YYYY	To MM/DD/YYYY	Company Name	Phone Number (Include area code)	Supervisor's Name
Job Title		Mailing Address	Starting Salary	Final Salary
				Reason for leaving
Work Performed:				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Please abbreviate if not enough room in text box.

Second Employment

From MM/DD/YYYY	To MM/DD/YYYY	Company Name	Phone Number (Include area code)	Supervisor's Name	
Job Title		Mailing Address	Starting Salary	Final Salary	Reason for leaving
Work Performed:					

Third Employment

From MM/DD/YYYY	To MM/DD/YYYY	Company Name	Phone Number (Include area code)	Supervisor's Name	
Job Title		Mailing Address	Starting Salary	Final Salary	Reason for leaving
Work Performed:					

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable by law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree that all preceding questions are answered truthfully and the best of my abilities. I have read and understand these conditions of employment.

Yes

Applicants Signature (Printed name will be accepted in lieu of handwriting signature for on-line application.) Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Interview Date: _____
Remarks: _____	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____ Salary: _____	Facility: _____
By: _____ Name and Title	Date: _____

AGAINST ABUSE, INC.
PO BOX 10733
CASA GRANDE, ARIZONA 85230-0733
(520) 836-1239

**Applicant Consent to Release
Liability and Reference Information**

I, _____, in consideration of employment with Against Abuse, Inc. (AAI), hereby authorize AAI to perform background checks, reference checks and employment verifications on me. These checks may include, but are not limited to discussions with: supervisors, co-workers, business associates, or other individuals that AAI, in its sole discretion, believes may have relevant job related information regarding my suitability for employment. AAI may also verify information I have provided on my employment application and or resume.

In accordance with Proposition 201, Smoke Free Arizona Act (A.R.S.36-601.01): Against Abuse, Inc. is committed to a smoke free workplace to protect the safety of workers and the public. It is the policy of Against Abuse, Inc. that smoking is prohibited in all shelters and administration offices.

E-Verify: Against Abuse, Inc. participates in the E-Verify program and participates in the Employment Eligibility Verification process through the Social Security Administration and Department of Homeland Security database to establish eligibility for employment in the United States of America.

Drug-Free Workplace: Against Abuse, Inc. is a Drug-Free Workplace. It is the purpose of Against Abuse, Inc. to help provide a safe and drug-free work environment for our clients and employees. We are establishing the following notice for existing and future employees of Against Abuse, Inc.: AAI strictly prohibits the illicit use, possession, dispensation, distribution, or manufacture of controlled substances in the workplace. Any violation of this policy shall result in adverse employment action up to and including termination.

I agree not to asset any demands, damages, claims, suits or causes of action of any kind against AAI, its officers, employees, agents or the organizations, officers, employees, and agents contacted arising out of AAI performing a good faith effort to check my employment references. I acknowledge that my failure to authorize AAI to check my references shall disqualify me from consideration from employment. I acknowledge that AAI has made no representations that employment will be offered to me upon the completion of reference checks.

I also acknowledge if the position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license.

I certify that the facts set forth in Against Abuse, Inc.'s employment application are true and complete. I understand that if I am employed, omissions, false or misleading statements on this application shall be sufficient grounds for dismissal. I understand and agree that if employment is offered to me and I accept employment, my employment may be terminated at any time with or without cause.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as the original.

(Printed name will be accepted in lieu of handwriting signature for on-line application.)

Applicant's Signature

Date

Human Resources Director

Date

**AGAINST ABUSE, INC.
P.O. BOX 10733
CASA GRANDE, AZ 85130**

MEMORANDUM OF UNDERSTANDING

By my signature below, I certify that I understand and accept the following:

1. References and statements made on my application for employment and for volunteer status will be checked.
2. My fingerprints will be submitted (at Against Abuse, Inc.'s expense) for a thorough background investigation through the Arizona Department of Public Safety.
3. In the event DPS denies my candidacy for employment or volunteer status because of my fingerprint check, I agree to reimburse Against Abuse, Inc. the cost of submitting my fingerprints for review. The costs are \$67.00 for employees, \$65.00 for volunteers.
4. I further understand that if I voluntarily or involuntarily leave Against Abuse, Inc. before completing one (1) year of employment, I will reimburse Against Abuse, Inc. for the cost of my fingerprints (\$67.00) and CPR/First Aid Card (\$45.00).
5. I understand that if I am assigned, a laptop, flash drive, cell phone, or any other agency property, I will reimburse Against Abuse, Inc. in case of damaged, lost or stolen agency belongings.
6. If any statements made on my employment application or volunteer application is found to be less than truthful, I will forfeit my right to any consideration for employment, either as regular staff or as a volunteer, with Against Abuse, Inc.

(Printed name will be accepted in lieu of handwriting signature for on-line application.)

Printed Signature

Date

Human Resources Director

Date

PRIVACY RELEASE

I, _____, (PRINT NAME) AN APPLICANT WITH THE Social Service Contractor's Indemnity Pool (SSCIP), hereby consent to a review of my driving record with the Motor Vehicle Division for the purpose of determining my eligibility for coverage and for performing an evaluation of the premium due for that coverage. I understand and agree that any authorized agent or representative of SSCIP may obtain a copy of that driving record through the Motor Vehicle Division or by other means for those purposes.

To the extent that this review of my driving record is an invasion of my privacy rights, I waive those rights for the purposes of evaluation of my insurance application.

(Printed name will be accepted in lieu of handwriting signature for on-line application.)

Date

Signature

Printed Name

Date

Against Abuse, Inc./HR Department

AGAINST ABUSE, INC.



EMPLOYEE REFERENCE CHECK FORM (EMPLOYMENT AND PERSONAL)

SECTION A:

I, _____, Social Security # xxx-xx-_____, have applied to Against Abuse, Inc. for employment. I authorize them to collect any information concerning my qualifications and past performance. Further, I hereby release Against Abuse, Inc. or person completing this form from any and all liability in supplying the requested information.

(Printed name will be accepted in lieu of handwriting signature for on-line application.)

Signature

Date

❖❖❖❖❖ **APPLICANT: DO NOT WRITE BELOW THIS LINE** ❖❖❖❖❖

The applicant listed above has applied for employment at Against Abuse, Inc. He/She has claimed association with you as either employer, or personal/professional. Please complete the reference section below that corresponds with your association to the individual.

SECTION B:

Position Held: _____ **Dates Employed: From** _____ **To:** _____

Reason for Leaving: _____

Was the employee's work performance satisfactory? Yes No

Was the employee's attendance satisfactory? Yes No

Would you rehire? Yes No **If no, why?** _____

Additional Comments: _____

Name

Title

Date

THANK YOU. ALL INFORMATION WILL BE HELD IN CONFIDENCE.