



**APPLICATION FOR EMPLOYMENT
WOMEN IN DISTRESS OF BROWARD COUNTY, INC.**

P.O. Box 50187
Lighthouse Point, FL 33064

Women In Distress of Broward County, Inc.(WID) is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, veteran or military status, or any other characteristic protected by law.

(PLEASE PRINT AND COMPLETE ALL SECTIONS)

Name: _____ Date: _____

Address: _____
Street city state zip code

Phone: (Home) _____ (Cell) _____ e-mail address: _____

Position desired: _____ Date Available: _____

Are you available for () Full time () Part Time () Shift Work

Are you legally authorized to work in the U.S. for the position you are seeking? ___Yes ___ No

Are you 18 years of age or older? ___Yes ___ No

Do you have the ability to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ___Yes ___No

Have you ever been known by any other names? If so, please list: _____

How were you referred to WID? _____

Have you ever been convicted of a criminal offense, had adjudication withheld or pled nolo contendere (no contest) to a crime? ___Yes ___No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not automatically disqualify you from employment. *Level II background Screening, your completion of an Affidavit of Good Moral Character and clearance by DCF are required prior to beginning employment at WID.*

Have you been arrested for any crime that has not yet been adjudicated? ___Yes ___No

If yes, please provide details regarding the arrest on a separate piece of paper.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

LICENSES:

List all professional licenses and certifications: _____

Have any of your licenses or certifications ever been suspended or revoked? _____ Yes ___ No

If yes, please explain: _____

Have you ever been disciplined by any licensing authority (whether governmental or non-governmental)? ___ Yes ___ No

If yes, please explain: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Have you ever been terminated, requested to resign or allowed to resign from employment? _____ Yes ___ No

If yes, please explain.

WORK-RELATED REFERENCES: (Do not include relatives)

Name Occupation Years Known Contact Information: (Name of Business, Telephone #)

1. _____
2. _____
3. _____

STATEMENT (Please read this statement carefully before signing):

I certify that the answers and information given by me in this application and in my submitted resume and cover letter are true and correct to the best of my knowledge and understanding. I have answered each question completely. I understand that misleading or false statements or omissions on this application or in my resume and cover letter shall be grounds for my disqualification from consideration for employment or, if employed, for dismissal from employment.

I authorize investigation of all statements contained in this application and in my submitted resume and cover letter. I authorize Women in Distress and/or its designees to contact the references, licensing authorities, educational institutions, and employers listed on this application and in my resume to obtain any information concerning my previous and current employment and any pertinent information that they may have about me; and I hereby release Women in Distress and/or its designees and any prior and current employers or references from all liability for any damage that may result from the use of such information; and I further agree not to pursue a claim against any of them for any reason arising out of or pertaining to information as provided or used.

I understand and agree that if I am hired, my employment is at will and for no definite period of time, and may be terminated by Women in Distress or me at any time, with or without cause, and without any prior notice. I understand and agree that no representative of Women in Distress has authority to enter into any agreement with me for employment for any specified period of time, or to waive or make any agreement to contrary to the provisions of this document, unless it is writing and signed by the President and Chief Executive Officer.

I understand and agree that if I am hired, I must obey the rules, policies and procedures of Women in Distress.

I understand that any offer of employment is conditioned on my ability to produce the required documentation to verify my identity and U.S. citizen status or my legal right to work in the United States.

I certify and acknowledge that I have read the above statement and agree and understand it.

Signature of Applicant: _____ **Date Signed:** _____