

PREVAIL CA Application for Employment

MISSION:To provide safety, compassion, and respect as we educate, empower and advocate for individuals, families and young people.

APPLICANT INFORMATION																	
					First			M.I.						Date			
Street Address								Apartment/Unit #									
City State							ZIP										
Day Time Phone							Email Address										
Date Available Are you available to work on weekends?																	
Work Preferenc	e		FULL T	IME 🗆]			PART TIME					STAND BY				
Position Applied for							ow did you hear about is position?										
Are you a citizen of the United States?			YES		NO 🗆	If no, are you authorized to					o work in the U.S.?			YE	s 🗆	NO □	
Have you ever worked/volunteered for this agency?			YES		NO □	If so, when?										'	
Are you current	ly employe	d?		YES		NO □	If yes, may we contact your					loyer	?		YES 🗆		NO □
Do you speak a second language?			YES		NO □	If yes, please list								Read	? 🗆	Write? □	
Are you able to perform the essential functions of the job?						NO 🗆	If no	If no, explain									
If no, what accommodations could PREVAIL CA make which would enable you to perform the essential job functions?																	
Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility testing.																	
EDUCATIONAL BACKGROUND																	
High School Address																	
No. of years completed				Did you graduate?			ES 🗆	NO	NO □ GED? YES			ES 🗆 NO 🗆					
College						Ac	ddress										
No. of years completed			0	Did you graduate?			ES □	NO	NO Degree								
Other							Ac	ddress									
No. of years completed				Did you graduate?			ES □	NO	NO □ Degree								
SPECIALIZED SKILLS AND TRAINING																	
Victim Assistance Training Received fro			om	Date													
Computer software experience Types																	
Other Skills/Training																	

EMPLOYMENT EXPERIENCE												
Have you ever been involuntarily terminated from prior employment?							YES □ NO □					
If YES, please give details of termination, including date of termination, employer's name and reason for termination.												
Please list your experience for the past five years with your present or most recent experience first. A resume may be attached, although the entire application is required and must be completed.												
Company		Phone										
Address		City, State Zip										
Job Title												
Supervisor's N	Supervisor's Name Phone											
Responsibiliti	es/Duties											
Reason for leaving												
From: Mth / \	/r		To: Mth / Yr			Но	urs worked ¡	oer wee				
May we contact your supervisor for a reference?												
Company	Company Phone											
Address		City, State Zip										
Job Title												
Supervisor's N	Name								Phone			
Responsibiliti	es/Duties											
Reason for le	aving											
From: Mth / Y	From: Mth / Yr To: Mth / Yr					Ho	Hours worked per week					
May we contact your supervisor for a reference?					YES 🗆		NO 🗆					
Company	pany Phone											
Address	City, State Zip											
Job Title												
Supervisor's Name Phone												
Responsibilities/Duties												
Reason for leaving												
From: Mth / Y	/r		To: Mth / Yr			Но	urs worked	per wee	ek			
May we contact your supervisor for a reference?							NO 🗆	NO 🗆				

REFERENCES: (Please list one personal and two manager/supervisor references)								
Name	Phone							
Years Acquainted	Relationship							
Name	Phone							
Years Acquainted	Relationship							
Name	Phone							
Years Acquainted	Relationship							
DIVERSITY STATEMENT								
As an equal opportunity employer with a diverse staff and client popular working environment for all. Please describe how your experience and commitment and diversity. (Attach additional pages as necessary.)								

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

PREVAIL CA recruits, hires and promotes employees regardless of ancestry, age, color, political affiliation, disability (physical and mental, includes HIV and AIDS), genetic information, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer, or a records or history of cancer), military or veteran status, national origin, race, religion (includes religious dress and grooming), sex/gender (including pregnancy, childbirth, breastfeeding and/or related medical conditions), or sexual orientation or request for FMLA.

AT-WILL EMPLOYMENT

You are free to terminate your employment with PREVAIL CA at any time, with or without a reason, and PREVAIL CA has the right to terminate your employment or the employment of others at any time, with or without a reason. Although PREVAIL CA may choose to terminate employment for cause, it is not required. This is called "at-will employment". Most employees at REVAIL CA services are funded by a variety of grants, governmental programs and endowment sources. Continued employment is contingent upon continued receipt of those funds. Conditional employment is contingent upon background check contingent upon background check; finger printing; education verification and applicable shots.

PLEASE READ AND SIGN BELOW

I certify that all statements made on this application are true and correct to the best of my knowledge. I hereby authorize PREVAIL CA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that any false or omitted information which I may or may not give, may result in either denial of employment or termination if hired. I authorize PREVAIL CA to verify all statements on this application, including work references, education, certifications and licenses.

Signature	Date	