



Victim Services of Cullman, Inc.

Employment Application

It is the policy of the company to provide equal opportunity with the regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristics.

Personal Information:

Name: _____ Phone Number: _____

Address: _____

Position applying for: _____

Preferred Shift: 1 2 3 Any

Would you accept full-time work? Yes or No

Would you accept part-time work? Yes or No

On what day would you be available for work? _____

Have you ever been employed with Victim Services of Cullman, Inc. before? Yes or No

If yes, what dates: _____

Do you have a legal right to be employed in the U.S.? Yes (Proof is required) or No

Are you of legal age to work? Yes or No



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Educational Background

Grammar School:

Name and Location: _____

Course of Study: _____

Did you graduate? Yes or No

High School:

Name and Location: _____

Course of Study: _____

Did you graduate? Yes or No

College:

Name and Location: _____

Course of Study: _____

Did you graduate? Yes or No

College:

Name and Location: _____

Course of Study: _____

Did you graduate? Yes or No



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Previous Employment History:

1. Company Name: _____ Phone: _____

Address _____

Supervisor _____ Employed From _____ To _____

Last Wage Earned _____

Reason for Leaving _____

2. Company Name: _____ Phone: _____

Address _____

Supervisor _____ Employed From _____ To _____

Last Wage Earned _____

Reason for Leaving _____

3. Company Name: _____ Phone: _____

Address _____

Supervisor _____ Employed From _____ To _____



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Last Wage Earned _____

Reason for Leaving _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's signature _____ Date _____



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Please give the following information:

This information is needed to ensure that we have the correct information on you for the background check.

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Race: _____

Do we have permission to do a criminal check using the above information? Yes or No

Signature: _____ Date: _____

Witness: _____ Date: _____



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Pre-employment Background Check

Have you ever been convicted of a felony, or any crime involving a moral turpitude? Yes or No

If yes, please explain: _____

Has any member of your immediate family been convicted of a felony or any crime involving moral turpitude? Yes or No

If yes, please explain: _____

Victim Services of Cullman, Inc. requires that each employee and all volunteers be screened for criminal history. Do you agree to have a criminal background check run? Yes or No

Do you agree to be fingerprinted if asked? Yes or No



Victim Services of Cullman, Inc.
P.O. Box 416
Cullman, Alabama 35056
(256) 775-2600 (256) 775-8354 (Fax)
Domestic Violence and Sexual Assault Programs

CONFIDENTIALITY STATEMENT

For Individuals Who Are Visitors and/or Who Are Performing Work at Victim Services of Cullman, Inc.

As a visitor or individual working at Victim Services of Cullman, Inc. I understand that all I see or hear is to be held in the highest confidence. I also understand that the location of the shelter is confidential and agree to hold that information in confidence.

I understand that I am not to communicate any information regarding the agency, or agency clients to anyone, for any reason.

I further understand that Victim Services of Cullman, Inc. relies on confidentiality for the safety of the staff, volunteers, and the women and children who are served by the agency.

I understand and agree to abide the above stated policies regarding confidentiality.

Signature: _____ Date: _____

Witness: _____ Date: _____

_____ Visitor

_____ Worker

Reason for Visit: _____

References

Name _____ Phone# _____

Address _____

Name _____ Phone# _____

Address _____

Name _____ Phone# _____

Address _____