

SAFE Employment Application

Name: _____ Date: _____

List names that you have worked under other than above: _____

Mailing Address: _____

Home Phone #: _____

Position Desired: _____ Salary Expected: _____

Full Time: _____ Part-time: _____ Temporary: _____

How were you referred to SAFE? _____

Have you ever applied to or been employed by SAFE: _____

If yes, explain _____

Have you received client services from SAFE, Inc. within the last 12 months? _____ Yes _____ No

Are you currently employed? _____ When are you available? _____

Are you a U.S. citizen? _____

Are you willing to work: _____ Evenings _____ Weekends _____ Overtime

Are you able to perform the essential functions of the position for which you are applying, either with or without accommodation? _____ Yes _____ No

If necessary, please describe what type(s) of reasonable accommodation(s) is needed.

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain. _____

Have you ever been discharged from a job? _____ Yes _____ No

If yes, please explain. _____

I understand and agree that:

1. Any material representation or deliberate failure to respond to any inquiry on my application may be justification for refusal, or if employed, termination from employment.
2. SAFE will make a thorough investigation of my work history and verify all responses given in my application for employment, related papers, or oral interviews. I also authorize SAFE to obtain and request any and all information for the purpose of such investigation; and I release from any liability any person, government agency, or previous employers from giving or receiving any such information. I understand that falsification of any response given in my application for employment, or other derogatory information or undisclosed criminal conviction(s) discovered as a result of this investigation, may prevent me from being hired; or if hired, may subject me to immediate termination.
3. If I receive an offer of employment from SAFE, I understand that it is contingent upon my submission and clearance of certain tests or examinations to determine my fitness to perform the duties of the job for which I am being considered. I further understand that upon acceptance of employment, I must be able to submit proof of legal authorization to work in the United States within 72 hours or I may be automatically terminated.
4. If hired, I understand my employment is at will and that I may be terminated at any time with or without cause and notice. I understand that if I am employed, such employment is for an indefinite period of time and that SAFE may change wages, benefits, title/position, or conditions at any time.

I have read, do understand, and agree to the above.

Signature: _____

Date: _____

Education	Name and Location	# of Years Completed	Graduated?	Major
High School:				
College:				
Other:				

EMPLOYMENT HISTORY

Beginning with your current employer (if employed), list your three most recent employers including U.S. military. This information must be provided even if a personal resume is attached. Explain any gaps in employment history. Please be sure to explain your reason for leaving in detail.

History #1:

<u>Employment Dates</u> From: To:	May we contact the employer listed below? Yes _____ No _____ Name of employer: Address: City/State: Zip Code: Phone #: Supervisor:	Job Title: Duties:
Starting Salary: Ending Salary:	Reason for Leaving:	

History #2

<u>Employment Dates</u> From: To:	May we contact the employer listed below? Yes____ No____ Name of employer: Address: City/State: Zip Code: Phone #: Supervisor:	Job Title: Duties:
Starting Salary: Ending Salary:	Reason for Leaving:	
Please explain if there is a gap in employment history between #1 and #2:		

History #3

<u>Employment Dates</u> From: To:	May we contact the employer listed below? Yes____ No____ Name of employer: Address: City/State: Zip Code: Phone #: Supervisor:	Job Title: Duties:
Starting Salary: Ending Salary:	Reason for Leaving:	
Please explain if there is a gap in employment history between #2 and #3:		

Stacey's House operates 24 hours a day. Please indicate the hours you are willing to work.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-12pm							
12pm-4:00pm							
4-8pm							
8pm-12am							
12:00 am-8-am							

References:

List 3 references that are NOT related to you and are familiar with your work:

:

Name	Address	Phone	email

Return application to: Safe office at 50 East Appletree St. or mail to P.O. Box 2013, Brevard 28712 or scan and email to safead@live.com