## Mt. Graham Safe House

## Application for Employment

Name			
Other Names Used			
Citizen? Y/N	Social Security Number		
Street Address			
Mailing Address			
Phone Number	Day		
Are you at least 21 years Have you ever been conv		Details	
Occupation			
Volunteer Experience			
Related Education			
Office equipment used w	ith proficiency		
Years of Education	College:	Trade School	Degree?
Languages Spoken			
Skills/ Interests/ Hobbies			
Driver's License #	State Issue	ed Expiration	<u>on</u>
Do you have access to a v	vehicle Ins	surance Carrier:	
Vehicle License #		_	

*Have you ever been a victim of domestic villages, how long have you been out of domestic viole *Have you ever participated in a domestic viole *Have you ever been an abuser in an adult in the state of the state o	nestic violence?ence diversion or monitoring program?
Please list your last 3 employers starting	with the current or most recent.
Employer	Supervisor
Address	
Phone Number	Years Employed
Position Held	May we contact this employer? Y/N
Employer	Supervisor
Address	
Phone Number	Years Employed
Position Held	May we contact this employer? Y/N
Employer	Supervisor
Address	
Phone Number	Years Employed
Position Held	May we contact this employer? Y/N
Why do you feel you would like to be part of	of the program?
What Position are you applying for?	
* These questions are necessary for selection I,,acknowledge the Mt. Graham Safe House, I will be required the Arizona Dep	ge that as a condition of working as staff with red to submit to a criminal history records
I,	ave any police agency and the Mt. Graham ords data bank using my name and date of or arrests, felony or misdemeanor convictions.

I,	, agree to furnish a sample of my fingerprints for use by
any police agency to det	ermine whether I have a criminal history record.
Applicants Signature	Date
interview and fingerprin names and addresses of	sham Safe House Program requires that I complete a personal at background investigation (Arizona and FBI), and provide three non-relative references. I realize that additional nired, including driving record. I agree to comply with all laws, sies and procedures.
best of my knowledge. inquiries to be made and character, and criminal l staff/volunteer. I release	statements made on this application are true and correct to the I understand that by submitting this application, I authorize I the release of information concerning my employment, history for the purpose of determining my suitability as a from any and all liability any person listed on this application for e information about my job performance, character and other apployment.
house Program. I also u disqualify any applicant	plication does not ensure acceptance into the Mt. Graham Safe inderstand that Mt. Graham Safe House reserves the right to who would not be suitable for this staff/volunteer position. Mt. erves the right to terminate the service of a volunteer for any
I further give MGSH per employers.	rmission upon hire to release reference information to future
Applicants Signature	Date
10/04	Paid by cfda #16.588 US Dept of Justice, VAWA Governor's Office for DV Prevention: AZ DES, U

Governor's Office for DV Prevention: AZ DES, US Department of Health and Human Service: AZ Dept of Public Safety, VOCA; The Wallace Foundation: AZ community Foundation: local individuals, business and organizations.