



EMPLOYMENT APPLICATION

OUR MISSION

Pennsylvania Coalition Against Domestic Violence is a statewide collaborative membership organization committed to ending intimate partner violence and all forms of violence against women.

PRINCIPLES OF UNITY:

The members of the Pennsylvania Coalition Against Domestic Violence recognize that the struggle of each battered and abused person we serve is related to our individual struggles for personal growth and empowerment. We are committed to the ideas and practices of a supportive, collegial atmosphere in all aspects of our programs, which foster open communications, respect, and cooperation among all members of the Coalition.

We are advocates helping others overcome the oppressions we all face, including but not limited to sexism, racism, homophobia, xenophobia, genderism, classism, ableism, and ageism. We recognize the divisive power these oppressions hold over us but understand the Coalition is strongest when we understand and appreciate our personal backgrounds and cultures.

We encourage and work for the participation of all people who pursue our goals for social justice. We seek long-term solutions that address the root causes of violence against women and intimate partners.

We recognize that all people have power. We strive to help one another recognize that power within ourselves while affirming that we will not use our power to divide us.

PCADV is an equal opportunity employer and does not unlawfully discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, genetic information, disability or handicap, veteran status, sexual orientation or any federally or state protected category.

PERSONAL DATA:

First Name Middle Initial Last Name

Address City State Zip

Daytime Contact Number Cellular Number Email

Position Desired Salary Desired When are you available?

Can you work OT? Yes No

Are you 18 years of age or older? Yes No

Are you eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever applied for employment with us in the past? Yes No

If "Yes", when?

Other special training of skills:

EDUCATION:

School	Name, Location	Course of Study	# Yrs	Graduate?	Degree / Diploma
High School				Yes	Diploma
				No	GED
College				Yes	
				No	
Trade, Technical, and/or Graduate				Yes	
				No	

PREVIOUS EMPLOYMENT:

List your current or most recent employment first. Include work related internships, military and volunteer work. Please make notation of reason for any gaps in employment.

Company Name	Telephone
City/State	Employment Dates (month/year)
	From
Position Title	To
Name of Supervisor/ Supervisor's Title	Reason for Leaving
Basic Description of your work	

PREVIOUS EMPLOYMENT (cont'd):

Company Name	Telephone
City/State	Employment Dates (month/year)
	From
Position Title	To
Name of Supervisor/ Supervisor's Title	Reason for Leaving
Basic Description of your work	

Company Name	Telephone
City/State	Employment Dates (month/year)
	From
Position Title	To
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Basic Description of your work	

PERSONAL REFERENCES:

Name, Title	Company Phone	Professional Relationship

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Hiring and employment at Pennsylvania Coalition Against Domestic Violence is at-will.

I understand this application is not an employment contract, nor can it be used to create one. Employment has no specific term and may be terminated by the employee or PCADV with or without notice. I acknowledge that PCADV has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to Pennsylvania Coalition Against Domestic Violence from all liability with respect to the receipts of such information. My signature below acknowledges my understanding that PCADV may contact prior employers to verify past employment. PCADV will not contact current employers without explicit permission from me.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Pennsylvania Coalition Against Domestic Violence may be terminated.

Applicant's Signature

Date