

Resume included? _____

Date returned: _____

Received by: _____

Community Against Violence (CAV) Employment Application

Please print/type all questions in this application all sides. (Rev. 2-2019)

Name: _____

Address: _____

Mailing Address

City/Town

Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

What number is best to contact you and when? _____

What Position(s)/Job(s) are you interested in at CAV? _____

Why do you want to work for CAV? _____

What would be one of your major contributions? _____

CAV requires absolute confidentiality and respect for client privacy. Will you fulfill this obligation?

YES NO

When would you be available to begin working at CAV? _____

Education (Mark highest completed): HS Diploma GED AAS BA/BS MA/MS PhD

If college levels, please identify:

Degree(s) Major: _____ Year Graduated: _____

Degree(s) Minor: _____ Year Graduated: _____

Please note any other certifications, graduate course(s) or relevant training experience(s):

Work Experience(s) (List most recent first.)

Position #1: _____ Start Date: _____ End Date: _____

Agency/Business Name: _____

Address: _____

Supervisor (full name): _____ Phone: _____

Describe your duties: _____

Reason for leaving: _____

Position #2: _____ Start Date: _____ End Date: _____
Agency/Business Name: _____
Address: _____
Supervisor (full name): _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____

Position #3: _____ Start Date: _____ End Date: _____
Agency/Business Name: _____
Address: _____
Supervisor (full name): _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____

Position #4: _____ Start Date: _____ End Date: _____
Agency/Business Name: _____
Address: _____
Supervisor (full name): _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____

Volunteer Experience(s) (*List most recent first.*)

Agency Name #1: _____ Phone: _____
Supervisor Name: _____
Address: _____
Length of volunteer experience/Start Date: _____ End Date: _____
Type of work responsibilities: _____

Agency Name #2: _____ Phone: _____
Supervisor Name: _____
Address: _____
Length of volunteer experience/Start Date: _____ End Date: _____
Type of work responsibilities: _____

Agency Name #3: _____ Phone: _____
Supervisor Name: _____
Address: _____
Length of volunteer experience/Start Date: _____ End Date: _____
Type of work responsibilities: _____

References: Please list three people that can speak of your work abilities/skills.

Name: _____ Phone: _____

Address: _____

How does this person know you? _____ Is s/he a relative/friend? _____

Name: _____ Phone: _____

Address: _____

How does this person know you? _____ Is s/he a relative/friend? _____

Name: _____ Phone: _____

Address: _____

How does this person know you? _____ Is s/he a relative/friend? _____

How would you describe your computer skill level? (Check one.)

No Knowledge Beginner Advanced Beginner Skilled Amazing

Please check each type of computer programs you are comfortable using, write the name of the programs in each category you check:

Word Processing: _____

Spread Sheet: _____

Database Systems/Management: _____

Presentation: _____

Art/Publishing/Graphics: _____

Are you multi-lingual? Yes No

If Yes, please complete the chart below and circle yes or no in all columns and indicate if you feel you are fluent in those languages:

Which Languages?	Read?	Write?	Speak/Sign?	Understand?	Fluent?
#1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please briefly describe what actions or qualities you are looking for in a supervisor: _____

Tell us how you feel about multi-tasking? _____

What additional experience(s)/qualification(s) do you have relating to this job?

Important Information: Before, and as a condition of, employment CAV policy requires a background clearance (obtained through background fingerprint check by CYFD and FBI), a drug test, and a TB test both with negative outcomes, and a five (5) year driving history record check. The agency pays for and will coordinate all the testing. Failure to disclose criminal or any information requested in conjunction with the application process could affect you being hired, or after being hired, lead to immediate separation of employment.

Have you ever been arrested for, charged with, or convicted of a crime? YES NO

If YES, please list the following details: What crime(s)? _____

When convicted? _____ Location of Conviction? _____

Outcome of Conviction? _____

Does your name appear on any Sex Offender Database in any state or County? YES NO

If YES, please list the following details: What crime(s)? _____

When convicted? _____ Location of Conviction? _____

Outcome of Conviction? _____

Have you received three or more traffic violations in the last 3 years? YES NO

If YES, please list the following details: What violation(s)? _____

When convicted? _____ Location of Conviction? _____

Outcome of Conviction? _____

Have you ever had any indicated finding of child or vulnerable adult abuse filed in your name?

YES NO

If YES, please list the following details: What finding(s)? _____

When convicted? _____ Location of Conviction? _____

Outcome of Conviction? _____

Although it is not required for you to do so, we would appreciate your answering the following question for purposes of reporting to our various granting agencies.

____ American Indian or Alaska Native

____ Black or African American

____ Asian

____ Native Hawaiian or Another Pacific Islander

____ White

Ethnicity:

____ Hispanic

____ Latino

How did you hear about this position?

____ Newspaper

____ CAV Staff

____ College/School Posting

____ A friend

____ Employment Office

____ Flyer

____ Other: _____

I certify that all the information recorded in this document is true and accurate.

Signature of Applicant

Date

CAV is an affirmative action employer. CAV does not discriminate based on race, religion, color, sex, age, physical disability, marital status, sexual orientation, national origin, or any other legally-protected basis. CAV reviews its hiring practices regularly to assure compliance with non-discrimination/affirmative action policies.

Mission

The CAV mission is: “... to foster and support a community free from all forms of domestic and sexual violence.” Please choose one of the following three (3) questions and answer it in two to three (2-3) paragraphs in the space provided below.

1. “What does this mission statement mean to you?” Or,
2. “Why do you think this mission is important in Taos County?” Or,
3. “What does a mission statement have to do with an organization?”