



WomanHaven

A Center for Family Solutions
510 W Main Street
Suite 107
El Centro CA 92243
760-353-6922

FOR OFFICE USE ONLY

- ACCEPTED DATE NOTICE MAILED:
 REJECTED DATE NOTICE MAILED:
 EXPERIENCE
 EDUCATION
 OTHER

TIME REC'D:

DATE:

INSTRUCTIONS:

- PLEASE TYPE OR PRINT CLEARLY IN INK.
- Answer all questions completely and accurately
- Incomplete or illegible applications will not be considered
- Incorrect or false statements are cause for rejection or dismissal
- Be specific when listing information which meets the job requirements
- Résumé may be attached to completed application.

From what source did you learn of this position?

- Newspaper (Name):
 Personal Inquiry
 Job Interest Website
 Job Bulletin at:
 Website www.womanhaven.org
 Other (Describe):

POSITION APPLYING FOR:
(Please give exact title)

RÉSUMÉ ATTACHED TELEPHONE NUMBERS: Home: () -

YES NO Mobile: () - Work: () -

APPLICANT'S FULL NAME:

OTHER NAMES CURRENTLY OR PREVIOUSLY USED:
(USED FOR WORK RECORD VERIFICATION ONLY)

LAST, FIRST, MIDDLE

LAST, FIRST, MIDDLE NAME PREVIOUSLY USED

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER:
- - -

IF SELECTED FOR HIRE, CAN YOU SUBMIT A
BIRTH CERTIFICATE OR OTHER PROOF OF
U.S. CITIZENSHIP OR PROOF OF RESIDENT
ALIEN STATUS? YES NO

IF THIS JOB REQUIRES A DRIVER'S LICENSE,
DO YOU HAVE A VALID CALIFORNIA
DRIVER'S LICENSE? YES NO

MINIMUM ACCEPTABLE
SALARY: \$ per
 Month Week Hour

NUMBER: CLASS:

HAVE YOU EVER WORKED FOR WOMANHAVEN? YES NO If YES, in what department?

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY WOMANHAVEN? YES NO

If YES, give name, department and relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: ADDRESS: PHONE: () -

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD SIGNIFICANTLY
CONTRIBUTE TO THE POSITION APPLIED FOR?

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES NO If YES, please explain:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO If YES, explain below.

PERSONAL REFERENCES

List below persons who are acquainted with your work and/or character. Do Not list employers or relatives

Name	Address	Phone
		() -
		() -
		() -

LANGUAGE PROFICIENCY

In addition to English, list any other languages you possess verbal and written proficiency in.

Spanish	Understand	Speak	Read/Write
Other _____	Understand	Speak	Read/Write

EDUCATION AND EXPERIENCE

Please read the qualifications section on the job description before completing this section.

Highest level of education completed (Online users Select Education Completed from Pull Down Menu. Please write in Education Level where indicated:

High School Graduate?
 YES NO

Education Completed:

Passed High School Equivalency Test?
 YES NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS:

EXPERIENCE

MUST BE FILLED OUT COMPLETELY! Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving or wanting to leave if presently employed:		
Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:		
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:		
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:		

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize WomanHaven to investigate my qualifications, employment record and character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by WomanHaven.

I further agree to be fingerprinted, to submit to a background check, to submit to drug testing, and to furnish such proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

SIGNATURE: _____ **DATE:** _____



WOMANHAVEN

VOLUNTARY APPLICANT IDENTIFICATION FORM

Name: _____ Date: _____

Position Applied for: _____

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing the following information. ***THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS*** since this form will be detached from your application and used for statistical reporting requirements only.

Age: Under 21 21 to 44 45 and over

Sex: Female Male **Physically Handicapped:** No Yes

- RACE (Ethnicity):**
- White:** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.
 - Black:** All persons having origins in any of the Black racial groups (not of Hispanic origin).
 - Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
 - American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America.



CFS EMPLOYMENT APPLICANT CHECKLIST

HUMAN RESOURCES DEPARTMENT

510 W. Main Street Suite 107 • El Centro, CA 92243

Phone: 760-353-6922 • Fax: 760-353-8372

www.womanhaven.org

We appreciate your interest in WomanHaven. We seek the highest quality employees to help us achieve our mission and goals. The Human Resources Department will conduct all minimum qualification appraisals as set forth on the job announcement.

Applications can be mailed or hand delivered:

Mail to:

WomanHaven
Human Resources Department
P.O. BOX 2219
El Centro, CA 92244

Hand deliver to:

WomanHaven
Human Resources Department
510 W. Main Street, Suite 107
El Centro, CA 92243

SUBMIT:

EMPLOYMENT APPLICATION FORM

A complete and signed employment application form is required. Applicants must complete a new application for each position they are applying for. Applications that do not state a position or list multiple positions will not be processed. Letters of intent/cover letters are considered inquires until the official employment application form has been submitted.

RESUMÉ

Resumes should be attached to the official employment application form. Unsolicited resumes or application materials are discarded after 30 days.

TRANSCRIPTS, DEGREES, DIPLOMAS OR CERTIFICATES

If required by the job descriptions please submit copies of copies of transcripts, degrees, diplomas or certificates are required for all positions. Applicants with a foreign diploma need to submit their evaluated credentials as well. All full time employees will need to provide WomanHaven with official transcripts within thirty (30) days if hired.

IDENTIFICATION FORM (OPTIONAL)

WomanHaven is an equal opportunity/affirmative action employer and must acquire this information in order to submit reports required by federal regulations. The information collected is kept in strict confidence and is used only for statistical analyses.