

Friends Against Abuse

407 4th Street 108 NE 1St St

International Falls, MN Baudette, MN

56649 56623

(218)285-7220 (218)643-3233

www.friendsagainstabuse.com

Employment Application

Date			
Name: First	Middle InitialLast		
Present Address			
Street			
City	State	Zip	
Mailing Address(if different than present add	ress)		
City		Zip	
Phone	<u> </u>		
Daytime Phone			
Position Applying For:			
Are you seeking: Full Time			
Part Time 🔲			
Salary Expected:			

Our Mission and Vision

Friends Against Abuse is committed to ending abuse.

Our communities are united in changing our culture to prevent abuse, committed to healing anyone affected by abuse and building a culture that respects the individuality of all persons.

We believe all persons, of all ages, deserve respect.

Have you ever filed an application or been employed by Friends Against Abuse before? Yes No
When: Where: Position:
Have you ever been discharged or forced to resign from a position? Yes No
Are you presently employed? Yes No When could you report for work?//
May we contact your present employer? Yes No
Do you have friends that work here? Yes No Do any of your relatives work here? Yes No
If yes, list name(s):
Do you have a valid driver's license? Yes No
Can you travel if required? Yes No
Are you legally eligible for employment in the United States? Yes No
Are you at least 21 years old? Yes No
Have you ever been convicted of an offense that is relevant to the position for which you are applying?
Yes No
If yes, explain:
List names, addresses and phone numbers of three (3) personal references not related to you:
1 2 3
Describe any unneid work everyiones (such as valuntoer activities) interests skills are achievements belief it to very
Describe any unpaid work experience (such as volunteer activities), interests, skills or achievements helpful to you in performing the job for which you have applied:

Employment History

	Still empl	oyed? Yes	No
City		State	_Zip
		Sala	ry
nination	Date	Sala	^y
	Still em	ployed? Yes	No
City		State	_Zip
	Date	Sala	ry
	Date	Salar	·y
Т	elephone Number		
	Still employed? Yes No_		No
City		State	_Zip
		Sala	ry
	Date	Salar	У
	CityT		

Record of Education						
School	Years Attended	Name and Address of School	Courses Studied	Did you gr	aduate	Type of Degree
High						
School						
College/						
University						
Other						
Education,						
Training						
Favorite su	ıbjects in school:_					
		Business/Profess		es T		
Name		Title	Phone Number		Compa	iny
Military Service						
I		S. Armed Forces? Yes No				
-	· · · · · · · · · · · · · · · · · · ·	ed relevant to the positon for v	which you are appl	ying:		
		Employment	_			
		or processing your employmen e misrepresented or omitted an		-	=	=
you may b	e discharged from	n your job. You may make writt				
	y for employmen	t, you may be required to: supp			=	
to work in the U.S., have a physical examination and/or drug test, or sign a conflict of interest agreement and abide by its terms.						
-		ne information shown above:				
Signature			Date			

Application Data

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

for employment	vernment reporting and will be kept in a confidential file separate from the application
Date	
Position Applied for	
Referral Source: Newspaper_	Friend Relative Website Facebook
Workforce Co	enter Other
	Affirmative Action Survey
This data is for analysis and	affirmative action only. Submission of information is voluntary.
Gender	
Check all that apply: Race/Ethnic Group	White Black or African American Hispanic or Latino
	American Indian of Alaska Native Asian
	Native Hawaiian or other Pacific Islander
Check if any of the following	g are applicable:
Vietna	m Era Veteran
Disable	ed Veteran
Other	Protected Veteran (Active duty during a war or campaign)
Disable	ed Individuals
Newly	Separated Veteran (Last 12 months)

For Employers Use Only

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Contact	Person Contacted	Results			
1.					
	Date:				
2.	Date.				
	Date:				
3.					
	Date:				
1. How lo	ng have you known him/her?				
Relatio	Relationship?				
Tempe	Temperament of the person?				
Able to	Able to work unsupervised?				
Trustworthy and dependable?					
Does h	Does he/she get along with co-workers?				
Does he/she show leadership ability?					
2. How lo	2. How long have you known him/her?				
Relatio	nship?				
Temperament of the person?					
Able to work unsupervised?					
Trustworthy and dependable?					
Does he/she get along with co-workers?					
Does he/she show leadership ability?					
3. How long have you known him/her?					
Relationship?					
Temperament of the person?					
Able to work unsupervised?					
Trustworthy and dependable?					
Does he/she get along with co-workers?					
Does h	Does he/she show leadership ability?				