



Friends Against Abuse

407 4th Street

406 W. Main St.

International Falls, MN

Baudette, MN

56649

56623

(218)285-7220

(218)643-3233

www.friendsagainstabuse.com

Employment Application

Date _____

Name: First _____ Middle Initial _____ Last _____

Present Address

Street _____

City _____ State _____ Zip _____

Mailing Address(if different than present address)

City _____ State _____ Zip _____

Phone _____

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 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

Most recent or current employer	Still employed? Yes _____ No _____

Address _____	City _____ State _____ Zip _____
Type of business _____	
Employed as (starting) _____	Date _____ Salary _____
____ Current position or ____ Position at termination	Date _____ Salary _____
List job responsibilities _____	

Reason for leaving _____	
Supervisor _____ Telephone Number _____	

2nd most recent employer	Still employed? Yes _____ No _____

Address _____	City _____ State _____ Zip _____
Type of business _____	
Employed as (starting) _____	Date _____ Salary _____
Position at termination _____	Date _____ Salary _____
List job responsibilities _____	

Reason for leaving _____	
Supervisor _____ Telephone Number _____	

3rd most recent employer	Still employed? Yes _____ No _____

Address _____	City _____ State _____ Zip _____
Type of business _____	
Employed as (starting) _____	Date _____ Salary _____
Position at termination _____	Date _____ Salary _____
List job responsibilities _____	

Reason for leaving _____	
Supervisor _____ Telephone Number _____	

Record of Education

School	Years Attended	Name and Address of School	Courses Studied	Did you graduate	Type of Degree
High School	X				X
College/ University					
Other Education/ Training					

Favorite subjects in school: _____

Business/Professional References

Name	Title	Phone Number	Company

Military Service

Did you ever serve in the U.S. Armed Forces? Yes ____ No ____

If yes, what branch? _____

Describe and training received relevant to the position for which you are applying:

Employment Agreement

As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization 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.

I understand and agree to the information shown above:

Signature _____ Date _____

Application Data

Friends Against Abuse does not discriminate on the basis of race, color, national origin, religion, sex, disability and age in the delivery of services.

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 are applicable:

_____ Vietnam Era Veteran
_____ Disabled Veteran
_____ Other Protected Veteran (Active duty during a war or campaign)
_____ Disabled Individuals
_____ Newly Separated Veteran (Last 12 months)

Date _____

Position Applied for _____

Referral Source:

Newspaper _____ Friend _____ Relative _____ Website _____ Facebook _____
Workforce Center _____ Other _____

For Employers Use Only

Contact	Person Contacted	Results
1.	Date:	
2.	Date:	
3.	Date:	

1. 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 he/she show leadership ability?

2. 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 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 he/she show leadership ability?