

Liberty Center Connections

104 Spink Street, Wooster OH 44691
(330) 264-8498 or fax (330) 264-3777

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Name: _____ Date: _____

Address: _____

Telephone: (_____) _____ Email _____

Which position(s) are you applying for?

- | | |
|--|--|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Shelter House Manager / Assistant |
| <input type="checkbox"/> Outpatient Therapist / Counselor | <input type="checkbox"/> Shelter House Fill-In Positions |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Support Staff / Clerical | <input type="checkbox"/> Domestic Violence Community Education |
| <input type="checkbox"/> Maintenance/Janitorial | <input type="checkbox"/> Finance/Accounting |
| <input type="checkbox"/> Management | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Residential House Manager / Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential Fill-In Positions | <input type="checkbox"/> Any |

Your application will be considered for all positions available. If you would want your resume to only be considered for one division, please check the division you are interested in applying.

_____ STEPS at Liberty Center OR _____ Every Woman's House

Do you have a Valid Driver's License _____ Yes / _____ No AND Automobile Insurance _____ Yes / _____ No

Can you speak a foreign language? _____ Yes / _____ No - If yes, which language(s) _____

Do you have any other special skills? _____

Have you been convicted of a crime? _____ Yes / _____ No

If YES, please explain: _____

WORK HISTORY

List all jobs and positions, which you have held in the past ten years. If you are attaching a resume, please write, "See resume" on the lines below.

(Use back of application if extra space is needed)

EDUCATION

If you are attaching a resume, please write, "See resume" on the lines below.

School

Address

Degree

Major

REFERENCES

Please list the names and addresses of three persons not related to you who could be used as a reference.

Name

Phone

Relationship

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT CONTINUED EMPLOYMENT IS ALSO CONTINGENT UPON JOB PERFORMANCE AND AVAILABLE FUNDING. I AUTHORIZE LIBERTY CENTER CONNECTIONS TO PERFORM BACKGROUND CHECKS, INCLUDING BUREAU OF CRIMINAL IDENTIFICATION FINGERPRINTING.

LIBERTY CENTER CONNECTIONS IS AN EQUAL OPPORTUNITY EMPLOYER, WHICH MEANS WE FOLLOW THE RULES AND REGULATIONS GOVERNING FAIR EMPLOYMENT PRACTICES. IN ADDITION, LIBERTY CENTER CONNECTIONS WILL RESPECT THE APPLICANT'S RIGHT TO PRIVACY AND THAT THE RESULTS OF ANY BACKGROUND CHECKS OR ANY OTHER INFORMATION REGARDING THE APPLICANT WILL BE TREATED IN CONFIDENCE.

SIGNATURE: _____

DATE: _____

Office Staff Only

Verification of Credentials – please identify which license/certification was verified

Copy of License Received
 Verified online

NOTES: _____

HR Employee Signature

Date Verified