



**APPLICATION FOR EMPLOYMENT  
WOMEN IN DISTRESS OF BROWARD COUNTY, INC.**

P.O. Box 50187  
Lighthouse Point, FL 33064

Women In Distress of Broward County, Inc.(WID) is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, veteran or military status, or any other characteristic protected by law.

**(PLEASE PRINT AND COMPLETE ALL SECTIONS)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Position desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you available for ( ) Full time ( ) Part Time ( ) Shift Work

Are you legally authorized to work in the U.S. for the position you are seeking? \_\_\_Yes \_\_\_ No

Are you 18 years of age or older? \_\_\_Yes \_\_\_ No

Do you have the ability to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? \_\_\_Yes \_\_\_No

Have you ever been known by any other names? If so, please list: \_\_\_\_\_

How were you referred to WID? \_\_\_\_\_

Have you ever been convicted of a criminal offense, had adjudication withheld or pled nolo contendere (no contest) to a crime? ? \_\_\_Yes \_\_\_No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not automatically disqualify you from employment. *Level II background Screening, your completion of an Affidavit of Good Moral Character and clearance by DCF are required prior to beginning employment at WID.*

Have you been arrested for any crime that has not yet been adjudicated? \_\_\_Yes \_\_\_No

If yes, please provide details regarding the arrest on a separate piece of paper.

**EDUCATION:**

High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**LICENSES:**

List all professional licenses and certifications: \_\_\_\_\_

Have any of your licenses or certifications ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been disciplined by any licensing authority (whether governmental or non-governmental)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been terminated, requested to resign or allowed to resign from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please explain.*

**WORK-RELATED REFERENCES:** (Do not include relatives)

Name	Occupation	Years Known	Contact Information: ( Name of Business, Telephone #)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing):**

I certify that the answers and information given by me in this application and in my submitted resume and cover letter are true and correct to the best of my knowledge and understanding. I have answered each question completely. I understand that misleading or false statements or omissions on this application or in my resume and cover letter shall be grounds for my disqualification from consideration for employment or, if employed, for dismissal from employment.

I authorize investigation of all statements contained in this application and in my submitted resume and cover letter. I authorize Women in Distress and/or its designees to contact the references, licensing authorities, educational institutions, and employers listed on this application and in my resume to obtain any information concerning my previous and current employment and any pertinent information that they may have about me; and I hereby release Women in Distress and/or its designees and any prior and current employers or references from all liability for any damage that may result from the use of such information; and I further agree not to pursue a claim against any of them for any reason arising out of or pertaining to information as provided or used.

I understand and agree that if I am hired, my employment is at will and for no definite period of time, and may be terminated by Women in Distress or me at any time, with or without cause, and without any prior notice. I understand and agree that no representative of Women in Distress has authority to enter into any agreement with me for employment for any specified period of time, or to waive or make any agreement to contrary to the provisions of this document, unless it is writing and signed by the President and Chief Executive Officer.

I understand and agree that if I am hired, I must obey the rules, policies and procedures of Women in Distress.

I understand that any offer of employment is conditioned on my ability to produce the required documentation to verify my identity and U.S. citizen status or my legal right to work in the United States.

**I certify and acknowledge that I have read the above statement and agree and understand it.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_