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| COALITION FOR FAMILY HARMONY    Employment Application  EQUAL OPPORTUNITY EMPLOYER: We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected class by local, state or federal law. |

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| Applicant Information – please complete | | | | | | | | | |
| Last Name | |  | | | First |  | | Pronouns |  |
| Chosen Name if different from above | | |  | | | | | | |
| Street Address | | |  | | | | | Apartment/Unit # |  |
| City |  | | | | State |  | | ZIP |  |
| Phone |  | | | | E-mail Address |  | | | |
|  | | | | | | | | | |
| School information – please complete | | | | | | | | | |
| School of Attendance | | |  | | | | | | |
| Expected Date of Graduation | | |  | | | | | | |
| School Contact Name | | |  | School Contact Phone | | |  | | |
| School Contact Email | | | |  | | | | | |
| \*To start the interactive process of requesting a reasonable accommodation, contact HR or the hiring manager. | | | | | | | | | |
| Statement of Interest | | | | | | | | | |
| Please describe your interest in working for Coalition for Family Harmony, a non-profit organization serving survivors of intimate partner violence and sexual assault. | | | | | | | | | |
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| Traineeship Program information | | | | | | | | | |
| Trainees at Coalition for Family Harmony are required to work with the following populations in individual, group, family, couples, and crisis counseling: | | | | | | | | | |
| * Victims/survivors of intimate partner violence * Victims/survivors of sexual assault, stalking, molestation, and rape * Seniors * Children and youth * LGBTQ+ community * Bilingual/Monolingual Spanish-speaking population | | | | | | | | | |
| Time Commitment of one year for at least ten (10) hours a week required. | | | | | | | | | |
| All direct service staff at Coalition for Family Harmony are required to participate in our internal mandatory training programs, including: | | | | | | | | | |
| * 40-hour Domestic Violence Counselor Certification * 40-hour Sexual Assault Counselor Certification * LGBTQ+ 101 Training * Non-mandatory in-person and virtual training opportunities on relevant topics offered regularly | | | | | | | | | |

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| Disclaimer and Signature – please complete | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.  I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my academic enrollment and any pertinent information they may have, personal or otherwise, and release the Coalition for Family Harmony from all liability for any damage that may result from utilization of such information for the duration of my volunteer experience.  I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.  This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. | | | |
| Signature |  | Date |  |

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**DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

I authorize the **Coalition for Family Harmony** to request a consumer and/or investigative consumer report on me for employment purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the Coalition for Family Harmony, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize the Coalition for Family Harmony to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. The information found in the background investigations are not provided to any party other than the Coalition for Family Harmony.

I agree that this authorization shall remain valid for the duration of my employment with the Coalition for Family Harmony.

**I certify that the information provided to the Coalition for Family Harmony is true and correct and that my employment may be terminated based on any false, omitted or fraudulent information.**

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Employee Signature Date

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Print Name