Relief After Violent Encounter
Ionia/Montcalm Inc.

EMPLOYMENT APPLICATION

Employment at RAVE – Ionia/Montcalm, Inc. is on an "at-will" basis for no definite period and may be terminated at any time with or without cause, regardless of the date or method of payment of wages or salary.

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____

ADDRESS: _____
Street City State City Zip

PHONE: (____) _____ (____) _____
Day Evening

EMAIL ADDRESS: _____

EMPLOYMENT: (Include address, phone numbers, immediate supervisors, start and end dates. Your employment history will be used as references unless otherwise indicated.)

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

☐ Check here if you do NOT wish the preceding reference contacted.

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

☐ Check here if you do NOT wish the preceding reference contacted.
☐

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

☐ Check here if you do NOT wish the preceding reference contacted.

EDUCATION:

	Name	Graduated	Course of Study
High School	_____	☐ Yes ☐ No	_____
Tech. School	_____	☐ Yes ☐ No	_____
College/University	_____	☐ Yes ☐ No	_____

Have you been a client of RAVE or any other domestic or sexual abuse program within the past year? ☐ Yes ☐ No

How did you become interested in working for RAVE? _____

_____

Please tell us why you want to work for RAVE. _____

_____

Are you either an U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No

Do you have a valid Michigan driver's license? ☐ Yes ☐ No *(You will need to supply RAVE with a copy of your license.)*

Do you have reliable transportation? ☐ Yes ☐ No *(You will need to supply RAVE with a copy of the registration.)*

Do you have the minimum amount of auto insurance required by law? ☐ Yes ☐ No *(You will need to supply RAVE with a copy of your insurance.)*

Are you able to work *weekends? ☐ Yes ☐ No *Holidays? ☐ Yes ☐ No *Nights? ☐ Yes ☐ No

* *If required for the position for which you are applying.*

Days of week available to work: _____ Hours available to work: _____

Personal non-relative references of two or more years:

Name: _____ Phone (___) _____ Years known: _____

Address: _____

Street City State City Zip

Name: _____ Phone (___) _____ Years known: _____

Address: _____

Street City State City Zip