DAIS
DOMESTIC ABUSE INTERVENTION SERVICES

Application for Employment

Domestic Abuse Intervention Services, Inc. (DAIS) is a nonprofit organization that serves victims of domestic violence and their children in Dane County, Wisconsin. Services include a 24-hour help line, a crisis intervention program, support services, an emergency domestic violence shelter, legal advocacy services, children's programming, prevention, training and education programs.

If you would like to join our staff team, please complete the application below and in addition, to strengthen your application please:

- Provide a resume
- Write legibly
- Fully complete the application
- Do not write "see resume" in response to any question
- Read and sign the acknowledgement and authorization (for applications completed electronically, typing your name will be considered your acknowledgement and authorization).

Applicant Information

Position for which you are applying: _____

Date of Application: _____ **Date Available:** _____

Name:_____

Street Address: _____

City/State/Zip:_____

Telephone Number : _____

Email address: _____

Are you 18 years of age or older? (If not, you may be required to provide authorization to work) ☐ Yes ☐ No

If hired, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No

Can you perform the functions of the job for which you are applying, with or without an accommodation? ☐ Yes ☐ No

Have you been employed by, interned or volunteered for DAIS in the past? ☐ Yes ☐ No

If yes, when and in what role? _____

Do you have any relatives, household members or friends currently working for DAIS? ☐ Yes ☐ No

If yes, please provide the names of those individuals: _____

How did you hear about this position? _____

Do you have minimum salary requirements, and if so please provide: _____

Please list any other names that you have ever used or are currently using, other than the name provided above:

_____

Availability

Please indicate the days you are available for work:

- ☐ Sundays
- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Friday
- ☐ Saturdays

Please indicate your shift availability:

- ☐ First shift (days)
- ☐ Second shift (evenings)
- ☐ Third shift (nights)
- ☐ Any

Are you able to work holidays?

☐ Yes ☐ No

Please indicate your preferred job status:

- ☐ Full-time (40 hrs./wk.)
- ☐ Regular Part-time (20+ hrs./wk.)
- ☐ Variable Part-time (under 20 hrs./wk.)
- ☐ As needed

Education & Training

	Name and Location of School	Number of Years Attended	Diploma Awarded	Degree	Major
☐ High School			☐ Yes ☐ No ☐ In Progress		
☐ GED	_____	_____		_____	N/A
College/University	_____	_____	☐ Yes ☐ No ☐ In Progress	_____	_____
Graduate School	_____	_____	☐ Yes ☐ No ☐ In Progress	_____	_____
Vocational/Other	_____	_____	☐ Yes ☐ No ☐ In Progress	_____	_____

Describe any non-employment experience such as school or volunteer activities, community or civic activities, professional associations or other interests that might strengthen your application:

Describe any computer experience and training that you have; specifically list the types of software programs you have experience with and your level of proficiency:

Are you fluent in any other languages? If so, what language(s)?

Please list any relevant licenses or certifications that you currently hold:

Employment History

Please provide your employment history starting with your current or most recent position. Please attach additional sheets if necessary. Do not write "see resume" in any space.

Employer

Telephone

Address

Job Title

Immediate Supervisor and Title

Reason for Leaving

If current employer, may we contact?

Dates Employed

From: _____ /_____ To: _____ /_____

Starting Hourly Rate/Salary

$_____ per _____

Ending Hourly Rate/Salary

$_____ per _____

☐ **Yes** ☐ **No**

Summarize the nature of the job responsibilities and work performed

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$_____ per _____

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☐ **Yes** ☐ **No**

Summarize the nature of the job responsibilities and work performed

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Employer

Telephone

Address

Job Title

Immediate Supervisor and Title

Reason for Leaving

If current employer, may we contact?

Dates Employed

From: _____ /_____ To: _____ /_____

Starting Hourly Rate/Salary

$_____ per _____

Ending Hourly Rate/Salary

$_____ per _____

☐ **Yes** ☐ **No**

Summarize the nature of the job responsibilities and work performed

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Please explain any gaps in your employment history:

_____

Equal Employment Opportunity – DAIS is an affirmative action/equal opportunity employer. It is our belief that equal opportunity for all employees is central to the continuing success of our organization. It is our policy to afford equal opportunity in all aspects of employment to all persons without discrimination on the basis of religion, gender, national origin, ethnicity, age, physical disabilities, political affiliation, sexual orientation, gender identity characteristics or expression, marital status, veteran status, medical condition or any other basis applicable by federal, state or local laws or regulations.

Professional References

Name: _____ **Position:** _____**Years known:** _____

Relationship to you: _____

Phone: _____ **Email:** _____

Name: _____ **Position:** _____**Years known:** _____

Relationship to you: _____

Phone_____**Email:** _____

Name: _____ **Position:** _____**Years known:** _____

Relationship to you: _____

Phone:_____**Email:** _____

Application Acknowledgement and Authorization

Please read all statements and sign below (for applications completed electronically, typing your name below will be considered your acknowledgement and authorization):

I authorize both DAIS and persons listed (references, schools, current (unless noted) and former employers) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply.

I understand that for the safety of the clients served by DAIS, a criminal history background check must be conducted on all potential staff members. Please note that information obtained through the background check will be used in accordance with Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., which prohibits discrimination because of a conviction record or pending criminal charge, unless the record or charge substantially relates to the circumstances of the particular job, licensed job, or licensed activity. I further understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.

If employed by DAIS, I understand that employment with DAIS will be on an at-will basis and either party can terminate the employment relationship at any time, with or without cause or advance notice. I also understand that, other than the President of the DAIS Board of Directors, no manager, supervisor or representative of DAIS has the authority to make any agreement contrary to the foregoing.

I acknowledge that I have read the above statements and understand them. I certify that all information provided by me in my application materials is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in my application materials, including my resume or any other document submitted, will be cause for denial of employment or termination of employment regardless of the timing of or circumstances of discovery.

Signature: _____ **Date:** _____

DAIS

VOLUNTARY AFFIRMATIVE ACTION DISCLOSURE FORM

DAIS is subject to certain governmental and funding related nondiscrimination and affirmative action recordkeeping and reporting requirements. To assist us with these requirements you are being invited to voluntarily self-identify your race, ethnicity, gender, and disability status. **Your response is voluntary, but we hope that you will choose to complete this form.** Any information that you submit will be kept confidential except to the extent necessary for DAIS to comply with its AA obligations. **Please note:** This information **will not** be used by DAIS to determine your suitability for employment or volunteerism and will be maintained separately from application materials received.

Your Name: _____ **Date:** _____

The categories identified below have been established and defined by the Federal Government. Please check only one box for each section of this form.

GENDER:
Please check the gender with which you identify: ☐ **Male** ☐ **Female**

ETHNICITY:

☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **NOT Hispanic or Latino:** a person who is NOT of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

RACE:

☐ **White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.

☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.

☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Two or More Races:** All persons who identify with more than one of the above five races (not Hispanic or Latino).

DISABILITY STATUS: In accordance with section 504 of the Rehabilitation Act of 1973**,** an individual with a disability is one who (a) has a physical or mental impairment that substantially limits one or more of the major life activities such as walking, talking, hearing, seeing, or caring for oneself; (b) has a record of such an impairment, or (c) is regarded as having such an impairment.

According to this definition, are you disabled? ☐ **Yes** ☐ **No**

If you checked "yes" to the above, you may request accommodation for your disability at any time by contacting the DAIS Human Resources Manager. You may be required to provide DAIS with written verification from a physician, rehabilitation counselor, or other authorized person confirming your disability. In addition, supervisors and managers may be informed regarding restrictions of the work or duties of people with disabilities and/or as necessary for making reasonable accommodations; first aid and safety personnel may be informed to the extent appropriate when the condition requires emergency treatment; and government officials engaged in enforcing laws governing affirmative action or disabilities may be provided with survey information as appropriate and necessary to the performance of that obligation.

SURVIVOR STATUS: If you have experienced physical, sexual, or emotional abuse, or sexual coercion or stalking by a current or former intimate partner, you are a survivor of intimate partner violence (IPV). IPV includes any behavior that an intimate partner (current or former) uses to establish power and control over you, including physical or sexual violence and/or financial, emotional/psychological, cultural, spiritual, and reproductive abuse, as well as other forms of controlling behavior. In relationships affected by IPV, a survivor of IPV as the person who the controlling behavior is aimed at.

Are you a survivor of Intimate Partner Violence? ☐ **Yes** ☐ **No**

Thank you for your cooperation in providing this information.

01.2022