



OUR MISSION: To provide free legal representation in criminal cases to victims of crime in Arizona, with priority to victims of domestic violence and sexual violence. LSCVA asserts and seeks enforcement of crime victims' rights and provides social services to facilitate healing in the aftermath of crime.

P.O. Box 2156, Sun City AZ 85372 • (623) 471-6401 • www.lscva.org

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Today's Date _____ Social Security Number _____

Name (First, Last, Middle Initial) _____

Present Address _____

City _____ State _____ Zip _____

Phone _____ Mobile Phone _____

Email _____

Permanent Address _____

City _____ State _____ Zip _____

Related to Anyone in Our Employ? Yes No If Yes, Whom? _____

Referred By _____ State Name / Department _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____

Desired Salary _____

Have You Ever Applied to This Company Before? Yes No

If Yes, Where? When? _____

EDUCATION

	Name & Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Graduate School			
Trade, Business, or Correspondence School			

List Subjects of Special Study or Research Work _____

What Languages Do You Speak Fluently? _____ Read? Write? _____

Please list your three most recent employers beginning with the most recent.

WORK HISTORY

POSITION 1: Dates Employed From _____ To _____

Name & Address of Employer _____

Salary _____ Position _____

Reason For Leaving *(Be specific)* _____

POSITION 2: Dates Employed From _____ To _____

Name & Address of Employer _____

Salary _____ Position _____

Reason For Leaving *(Be specific)* _____

POSITION 3: Dates Employed From _____ To _____

Name & Address of Employer _____

Salary _____ Position _____

Reason For Leaving *(Be specific)* _____

May we contact your present employer? Yes No

Please provide the names, agency information, number of years known, and contact information for three professional references including one from your current employer *(If applicable)*.

REFERENCES

Name & Phone Number	Agency Organization	Years Acquainted

Have you ever been charged/convicted with a crime? Yes No

If yes, please provide details: _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Date _____ Signature _____