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| Application for Program Coordinator |  |

DATE OF APPLICATION \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE JOB? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: LAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M. I. \_\_\_\_\_

STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available to start work \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Have you ever been convicted of any violation of law (or uniform code of military justice) and/or are you currently facing pending charges or currently on probation or parole? [ ] YES [ ] NO

**Please note:** Such information may be relevant if job related, but does **not** bar you from consideration and/or employment.

If Yes, please explain:

Have you ever had any disciplinary action reported to any Board of Licensure? [ ] YES [ ] NO

**Please note:** Such information may be relevant if job related, but does **not** bar you from consideration and/or employment

If Yes, please explain:

(Please be advised that The Center for Wisdom’s Women performs background checks on all applicants)

EMPLOYMENT/VOLUNTEER HISTORY

List your employment history, assignments or volunteer activities, starting with the most recent, including military experience. **Do not write “see resume.”** Explain any gaps in employment in the additional comments section.

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| EMPLOYER | DATES EMPLOYED | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES: |
| TELEPHONE: ( ) - | FROM | TO |  |
| ADDRESS: |  |  |  |
| JOB TITLE: STATUS: FT PT |  | |  |
| IMMEDIATE SUPERVISOR & TITLE: |  |
| REASON FOR LEAVING: |  |
| MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO [ ] LATER |  |
| EMPLOYER | DATES EMPLOYED | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES: |
| TELEPHONE: ( ) - | FROM | TO |  |
| ADDRESS: |  |  |  |
| JOB TITLE: STATUS: FT PT |  | |  |
| IMMEDIATE SUPERVISOR & TITLE: |  |
| REASON FOR LEAVING: |  |
| MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO [ ] LATER |  |
| EMPLOYER | DATES EMPLOYED | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES: |
| TELEPHONE: ( ) - | FROM | TO |  |
| ADDRESS: |  |  |  |
| JOB TITLE: STATUS: FT PT |  | |  |
| IMMEDIATE SUPERVISOR & TITLE: |  |
| REASON FOR LEAVING: |  |
| MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO [ ] LATER |  |

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with the most recent, number of years completed, degree or diploma earned, if any, and major and minor field of study (if applicable).

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| **School** | **Number of Years Completed** | **Degree**  **Diploma** | **Major** | **Minor** | **Graduated**  **Y/N** |
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List any **current** certifications you hold, the year received, and any other relevant information.

**Please note:** No specific certifications are required for this position.

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| **Certification** | **Year Received** | **Notes** |
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The Center for Wisdom’s Women recognizes all forms of learning. If you feel the boxes above do not adequately represent your educational background, please use the space below to expand on non-traditional education experiences and/or applicable lived experience.

List any foreign language(s) and check the box that best describes your skill level.

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| --- | --- | --- | --- | --- |
| **Language** | **Read & Write** | **Read & Speak** | **Read Only** | **Speak Only** |
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REFERENCES

List name, affiliation, and contact information of 3 references. All references should be **current** and at least 2 should be from prior employment or volunteer work.

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| --- | --- | --- | --- | --- |
| **Name** | **Relation/Affiliation** | **Phone** | **Email** | **May we contact now?** |
|  |  |  |  | Y / Later |
|  |  |  |  | Y / Later |
|  |  |  |  | Y / Later |

WRITTEN REFLECTION

Please reflect on and answer the following questions. Each response should not exceed 250 words.

1. How do you relate to The Center’s mission and tag line? How do you believe your personal values and those of the organization will inform your work as the Sophia’s House Program Coordinator?

**Mission statement: The Center for Wisdom’s Women offers safe and sacred opportunities for women in community, to heal from adverse life experiences, learn to thrive and enrich each other’s lives.**

**Tag Line: Women helping women thrive!**

1. What in your work, education, and/or volunteer experience do you feel has given you the experience and knowledge needed to be successful in this particular position? Please cite specific examples.

1. Given what you understand about the position, what is something you hope to achieve?
2. Tell us about a time when you established and maintained healthy boundaries.
3. CASE STUDY: A woman comes to you with the following situation: She’s run into an old friend who is still actively using and active in “the life.” Her friend offered to hook her up with her connections. She got her friend’s number and is struggling with what to do. She asks for your advice. How would you handle this conversation?

1. ADDITIONAL COMMENTS: (Including explanation of any gaps in employment or any additional information you would like us to consider)

AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION.**

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

**APPLICANT RESPONSES**: I represent that my responses set forth in this application are truthful, accurate and complete. Any and all false or inaccurate statements made by me in this application or otherwise during the employment evaluation process shall be grounds both for rejecting my application for employment and, should I be hired by employer, termination of my employment.

**REFERENCES:** I authorize representatives of employer to contact educational institutions, state and federal agencies to conduct criminal history records checks and employers designated in this application for purposes of verification and investigation of my educational, criminal record and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by employer representatives. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my application for employment and, should I be hired by employer, termination of my employment.

**INVESTIGATIONS:** Should I be employed by employer, I understand that I could be subject to an outside investigation if accused of wrongdoing.

**MEDICAL EXAMINATIONS:** Employer desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, employer shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by employer. I hereby release all such information to employer and waive any right of confidentiality.

**NON-BINDING APPLICATION AND INTERVIEW PROCESS:** Submission of the application does not entitle me to be interviewed by employer. Further, nothing in this application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of employer to provide any benefit to me.

**COMPLIANCE WITH EMPLOYER’S RULES AND POLICIES:** Should I be employed by employer, I agree to comply with any and all employment rules and policies of employer.

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I agree to conform to the employer's rules and I also agree that I shall be subject to other conditions which the employer may adopt. I affirm that the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER