

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

POSITION(S) applied for: _____ Date of Application: _____

Referral Source:

- Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of Source (if applicable): _____

APPLICANT NAME:

Last _____ First _____ Middle _____

ADDRESS:

Street _____ City _____ State _____ Zipcode _____

Telephone _____ Mobile/Beeper/Other # _____

If necessary, best time to call you at home is A.M. P.M.

May we contact you at work? YES NO

If, yes, work number and best time to call: A.M. P.M.

If you are under age 18 and it is required, can you furnish a work permit?..... YES NO

If no, please explain: _____

Have you submitted an application here before? YES NO

If yes, give dates & position for which you applied:..... Dates: _____ Position: _____

Have you ever been employed here before:..... YES NO Position Title: _____

If yes, please give dates of employment From: _____ to _____

Are you legally eligible for employment in this country? YES NO

Date available for work..... _____

Type of employment desired:

- Full Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? YES NO Will you travel if job requires it?..... YES NO

Are you able to meet the attendance requirements of the position?..... YES NO

Will you work overtime, if required? YES NO If no, please explain: _____

Have you been convicted of a crime in the last seven (7) years? YES NO

If yes, please explain: _____

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Employment History

Please provide the following information for your current and past employers, assignments, or volunteer activities; starting with the most recent (may use additional sheets if necessary). Please include all previous employment history, however brief. Explain any gaps in employment in comment section below. **PLEASE COMPLETE ALL SECTIONS.**

EMPLOYER: _____ Dates Employed: From: _____ To: _____

Address: _____ Phone #: _____

Job Title: _____ Starting Salary: \$ _____ per _____ Final Salary \$ _____ per _____

Briefly summarize the type of work performed and job responsibilities:

Immediate Supervisor and Title: _____

May we contact for reference? YES NO Later Reason for leaving: _____

EMPLOYER: _____ Dates Employed: From: _____ To: _____

Address: _____ Phone #: _____

Job Title: _____ Starting Salary: \$ _____ per _____ Final Salary \$ _____ per _____

Briefly summarize the type of work performed and job responsibilities:

Immediate Supervisor and Title: _____

May we contact for reference? YES NO Later Reason for leaving: _____

EMPLOYER: _____ Dates Employed: From: _____ To: _____

Address: _____ Phone #: _____

Job Title: _____ Starting Salary: \$ _____ per _____ Final Salary \$ _____ per _____

Briefly summarize the type of work performed and job responsibilities:

Immediate Supervisor and Title: _____

May we contact for reference? YES NO Later Reason for leaving: _____

EMPLOYER: _____ Dates Employed: From: _____ To: _____

Address: _____ Phone #: _____

Job Title: _____ Starting Salary: \$ _____ per _____ Final Salary \$ _____ per _____

Briefly summarize the type of work performed and job responsibilities:

Immediate Supervisor and Title: _____

May we contact for reference? YES NO Later Reason for leaving: _____

COMMENTS: (please include explanation of any gaps in employment): _____

SKILLS & QUALIFICATIONS: (please summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying):

EDUCATIONAL BACKGROUND:

A: List ALL schools attended (may use additional sheets if necessary), starting with most recent. **B:** List number of years completed. **C:** Indicate degree or diploma earned, if any **D:** Grade point average (GPA) **E:** Major field of study **F:** Minor field of study

A. School	B: Years Completed	C: Degree or Diploma	D: GPA	E: Major	F: Minor

REFERENCES:

List name and telephone number of three business/work references , not related to you and their titles (manager, supervisor).
If not applicable, list three school or personal references not related to you.

Name	Telephone	Years Known

Additional Information:

Please list professional, trade, business, or civic associations and any offices held. *Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, veteran or military status, genetic information, marital status, gender identity, sexual orientation or any other similarly protected status.*

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, veteran or military status, genetic information, marital status, gender identity, sexual orientation or any other similarly protected status. _____

Please list any additional information you would like us to consider: (you may attach a resume or additional information page)

APPLICANT:

I understand that if I am employed, any misrepresentation or material omission made by me on this application could also result in a job offer not being made, or may be withdrawn if discovered before employment has begun. In addition, misrepresentation or omission may be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release _____ from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that Oregon law requires that staff complete an application for a criminal history records check, including fingerprints, at the time of hire, and acknowledge that my employment is subject to such law.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand it is the employer’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the ADA.

This application is current for only 60 days. 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 to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Columbia Community Mental Health is an alcohol free and drug-free workplace. It is a requirement of this agency to require a drug screening for all individuals offered employment. I understand that any job offer that may be extended to me will be **contingent upon** the successful completion of a drug and alcohol test. A positive drug screen may preclude an individual from employment at this agency.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

SIGNATURE OF APPLICANT

DATE

By checking this box, you acknowledge that you are signing this document, legally and binding, as if signing a physical document.

“In accordance with Federal law and U.S. Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation and reprisal. (Not all prohibited bases apply to all programs).”

***To file a complaint of discrimination, write to:
USDA, Assistant Secretary for Civil Rights
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W., Stop 9410
Washington, DC 20250-9410***

***Or call toll-free at (866)632-9992 (English) or (800)877-8339 (TDD) or
(866)377-8642 (English Federal-relay) or (800)845-6136 (Spanish Federal-relay).
“USDA is an equal opportunity provider and employer.”***

Authorization to Release Information
~ APPLICANT ~

Please Read Carefully Before You Sign on Line Provided

I hereby give my permission to have Columbia Community Mental Health (Designee)
(Name of person performing reference check)

Investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Columbia Community Mental Health, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Print name of applicant

Signature of applicant

Date signed

By checking this box, you acknowledge that you are signing this document, legally and binding, as if signing a physical document.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION:

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard, disability, or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: _____

Date: _____

Referral Source:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Advertisement--Source: _____ | <input type="checkbox"/> Employee | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> School | <input type="checkbox"/> Other | |

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> White (not Hispanic, or Latino) | <input type="checkbox"/> Black or African-American (not Hispanic or Latino) | <input type="checkbox"/> |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) | |
| <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) | |
| <input type="checkbox"/> Two or more races (not Hispanic or Latino) | | |

FOR ADMINISTRATIVE USE ONLY:

Position(s) applied for: Available Not Available

Other positions considered for: _____ Hired: Yes No

Position hired for: _____ Date of Hire: _____

From the EEO job classifications listed below, which one best describes the position filled:

- | | | |
|--|--|--|
| <input type="checkbox"/> Executive/Senior level officials & managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> First/midlevel officials & managers | | |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office & Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes: _____

Completed by: _____ Date: _____