



# Application for Employment

**Opportunity Connections • PO Box 698 • Hood River • OR • 97031**

**Phone 541 • 386 • 3520**

**Fax 541 • 386 • 7788**

*Prospective employees will receive consideration without discrimination regardless of race, creed, color, sex, age, national origin, disability, veteran status, or any other condition as prescribed by Federal and State laws. Applicants who are selected to fill positions must pass a drug screen before an offer of employment is made. Upon position acceptance, all applicants must submit to routine criminal history and driving record checks.*

**POSITION YOU ARE APPLYING FOR:**

**DATE:**

PERSONAL INFORMATION			
Last Name	First	Middle	Home Phone
Street Address			Cell Phone
City	State	Zip Code	Email Address
Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date(s): Position(s):			Are you presently on layoff and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>  If hired, how soon will you be available to begin working for us?
Are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what days/hours can you work?			Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you between the ages of 18 and 70? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>OC follows Oregon Administrative Rules. If offered employment, you must pass a background check by the State of Oregon to work for us. OC has pre-employment drug screening.</b>			
Has a charge of abuse toward a developmentally disabled adult against you ever been substantiated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe in detail:			

## EDUCATION

School	Name and Address	Course of Study	# Years Completed	Degree Received
<b>High School</b>				
<b>Undergraduate School</b>				
<b>Graduate School</b>				
<b>Business/Trade School</b>				

## CURRENT MEMBERSHIPS IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS

*Exclude those which may disclose your race, color, religion, national origin, ancestry, sexual orientation, gender identity, religion, or veteran status.*

<b>Organization</b>	Membership Activities	Length of Time
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## EMPLOYMENT HISTORY

Start with your present or most recent employer. Give accurate and complete full time and part-time employment history.

<u>Company Name</u>	Telephone
Address	Employed (Month and Year) From _____ To _____
Job Title	Supervisor's Name
Description of Duties	Reason for Leaving
<u>Company Name</u>	Telephone
Address	Employed (Month and Year) From _____ To _____
Job Title	Supervisor's Name
Description of Duties	Reason for Leaving
<u>Company Name</u>	Telephone
Address	Employed (Month and Year) From _____ To _____
Job Title	Supervisor's Name
Description of Duties	Reason for Leaving
<u>Company Name</u>	Telephone
Address	Employed (Month and Year) From _____ To _____
Job Title	Supervisor's Name
Description of Duties	Reason for Leaving

Applicant's Initials \_\_\_\_\_ I hereby expressly permit Opportunity Connections to contact the above employers, except the following:

## VOLUNTEER HISTORY

<b>Organization Name and Location</b>	Volunteer Service (Month and Year) From _____ To _____
Service(s) Provided by Organization	Your Volunteer Service Consisted of
<b>Organization Name and Location</b>	Volunteer Service (Month and Year) From _____ To _____
Service(s) Provided by Organization	Your Volunteer Service Consisted of

## SKILLS, EXPERIENCE, AND QUALIFICATIONS

List any skills, experience, or qualifications which you believe will be valuable to this position and to our organization.

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## LIST 3 PROFESSIONAL REFERENCES

(other than former employers or relatives)

<b>Name</b>	Telephone
Email Address	Occupation
	Length of Time Known
<b>Name</b>	Telephone
Email Address	Occupation
	Length of Time Known
<b>Name</b>	Telephone
Email Address	Occupation
	Length of Time Known

## PLEASE READ AND UNDERSTAND THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, will be cause for immediate termination of my employment.

I authorize Opportunity Connections to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, related employment resume, or personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against Opportunity Connections of its representatives for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days from the date signed. After that date, unless otherwise notified, my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice unless required by law. I understand that no manager or representative of Opportunity Connections, other than the Board of Directors, has any authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing, and such agreement must be in writing.

Management will make an effort to accommodate individual preferences. However, business needs may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_