Submit by Email | Print Form

Eastern Oregon Alcoholism Foundation
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPURTUNITY EMPLOYER

Please Type or Print in Ink

POSITION APPLIED FOR:	SOCIAL SECURITY NUMBER:	
2ND CHOICE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE: Alabama

NAME AND ADDRESS

NAME (LAST, FIRST, MI):	HOME TELEPHONE:
MAILING ADDRESS:	WORK TELEPHONE:
CITY, STATE, ZIP CODE	OTHER TELEPHONE:
EMAIL ADDRESS:	

Have you ever filed an application with us before? If yes, give date:	☐ Yes	☐ No
Have you ever been employed with us? If yes, give date:	☐ Yes	☐ No
Are you currently employed? If yes, may we contact your present employer?	☐ Yes ☐ Yes	☐ No ☐ No
On what date would you be available for work? Are you able to work: (Check all that apply) ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary		
Can you travel if a job requires it?	☐ Yes	☐ No
Have you been convicted of a felony within the last 7 years? (*Conviction will not necessarily disqualify an applicant from employment)* *If yes, please explain:*	☐ Yes	☐ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of Citizenship or immigration status will be required upon employment.*	☐ Yes	☐ No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	☐ Yes	☐ No
Salary Requirements:		

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EDUCATION / TRAINING HISTORY
List colleges, military, trade, business or other schools attended

Do you have a high school diploma or a GED certificate? ☐ Yes ☐ No

	Name and Location of School, College or University	Course of Study (List Major)	Graduated?	Degree or Certificate Received?
A				
B				
C				

License / Registration / Certificate
List any required professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc…

Description (Attach Copy)	State of Issue	Number	Expiration Date

Specialized skills – List skills or knowledge that show your ability to perform the job for which you are applying (such as typing, software programs, foreign languages, etc…)

Describe any specialized training, apprenticeship, skills and job related organization.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

References
Give name, address, and telephone number of three (3) references who are not related to you and not previous employers.

Name	Address	City/State	Telephone Number

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WORK HISTORY

JOB NUMBER 1 (Current or most recent position)		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER:
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
JOB TITLE:		Supervision / Lead work: Check areas you were responsible for: ☐ Handling Disciplinary Problems ☐ Assigning & Reviewing work ☐ Hiring or Recommending Hiring ☐ Rating Work Performance ☐ Responding to Grievances ☐ Not responsible for any of the above If you checked any of the boxes, list the number of employees and their job titles:
Start Date:	End Date:	
Years worked:	Total Hrs Per Week:	
Hourly Rate / Salary:		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.		
Reason for leaving this position:		

JOB NUMBER 2:		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
JOB TITLE:		Supervision / Lead work: Check areas you were responsible for: ☐ Handling Disciplinary Problems ☐ Assigning & Reviewing work ☐ Hiring or Recommending Hiring ☐ Rating Work Performance ☐ Responding to Grievances ☐ Not responsible for any of the above If you checked any of the boxes, list the number of employees and their job titles:
Start Date:	End Date:	
Years worked:	Total Hrs Per Week:	
Hourly Rate / Salary:		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.		
Reason for leaving this position:		

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JOB NUMBER 3:		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
JOB TITLE:		Supervision / Lead work: Check areas you were responsible for: ☐ Handling Disciplinary Problems ☐ Assigning & Reviewing work ☐ Hiring or Recommending Hiring ☐ Rating Work Performance ☐ Responding to Grievances ☐ Not responsible for any of the above If you checked any of the boxes, list the number of employees and their job titles:
Start Date:	End Date:	
Years worked:	Total Hrs Per Week:	
Hourly Rate / Salary:		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.		
Reason for leaving this position:		

JOB NUMBER 4		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
JOB TITLE:		Supervision / Lead work: Check areas you were responsible for: ☐ Handling Disciplinary Problems ☐ Assigning & Reviewing work ☐ Hiring or Recommending Hiring ☐ Rating Work Performance ☐ Responding to Grievances ☐
Start Date:	End Date:	
Years worked:	Total Hrs Per Week:	
Hourly Rate / Salary:		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.		
Reason for leaving this position:		

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APPLICATION FOR EMPLOYMENT

Drug-Free Workplace

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize E.O.A.F. to check my criminal history and my driving record and I understand I may be required to participate in drug testing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract. E.O.A.F. is an at will employer. Employment is dependent upon availability of funding.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and their funding sources.

I understand and agree that my electronic signature is the equivalent of a manual signature and that E.O.A.F. may rely on it as such.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No
Remarks _____

Interviewer _____ Date Interviewed _____

Employed Yes No Date Employed _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____ _____
Name and Title Date

Eastern Oregon Alcoholism Foundation recruits, trains, assigns, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions are made on the basis of merit and job requirements.