

**Eastern Oregon Alcoholism Foundation**  
**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPURTUNITY EMPLOYER**

Please Type or Print in Ink

POSITION APPLIED FOR:	SOCIAL SECURITY NUMBER:	
2 <sup>ND</sup> CHOICE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

**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	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? <i>(Conviction will not necessarily disqualify an applicant from employment)</i> If yes, please explain:	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of Citizenship or immigration status will be required upon employment.</i>	Yes	No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	Yes	No
Salary Requirements:		

# Eastern Oregon Alcoholism Foundation APPLICATION FOR EMPLOYMENT

## 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

**Eastern Oregon Alcoholism Foundation  
APPLICATION FOR EMPLOYMENT  
WORK HISTORY**

<b>JOB NUMBER 1</b> (Current or most recent position)		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS & PHONE NUMBER:	
TYPE OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER	
JOB TITLE:	<u>Supervision / Lead work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not responsible for any of the above  <u>If you checked any of the boxes, list the number of employees and their job titles:</u>	
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:		

<b>JOB NUMBER 2:</b>		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS & PHONE NUMBER	
TYPE OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER	
JOB TITLE:	<u>Supervision / Lead work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not responsible for any of the above  <u>If you checked any of the boxes, list the number of employees and their job titles:</u>	
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:		

## Eastern Oregon Alcoholism Foundation APPLICATION FOR EMPLOYMENT

<b>JOB NUMBER 3:</b>									
NAME OF EMPLOYER	EMPLOYER'S ADDRESS & PHONE NUMBER								
TYPE OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER								
JOB TITLE:	<u>Supervision / Lead work: Check areas you were responsible for:</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Handling Disciplinary Problems</td> <td style="width: 50%;">Assigning &amp; Reviewing work</td> </tr> <tr> <td>Hiring or Recommending Hiring</td> <td>Rating Work Performance</td> </tr> <tr> <td>Responding to Grievances</td> <td></td> </tr> <tr> <td colspan="2">Not responsible for any of the above</td> </tr> </table> <p>If you checked any of the boxes, list the number of employees and their job titles:</p>	Handling Disciplinary Problems	Assigning & Reviewing work	Hiring or Recommending Hiring	Rating Work Performance	Responding to Grievances		Not responsible for any of the above	
Handling Disciplinary Problems		Assigning & Reviewing work							
Hiring or Recommending Hiring		Rating Work Performance							
Responding to Grievances									
Not responsible for any of the above									
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:									

<b>JOB NUMBER 4</b>							
NAME OF EMPLOYER	EMPLOYER'S ADDRESS & PHONE NUMBER						
TYPE OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER						
JOB TITLE:	<u>Supervision / Lead work: Check areas you were responsible for:</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Handling Disciplinary Problems</td> <td style="width: 50%;">Assigning &amp; Reviewing work</td> </tr> <tr> <td>Hiring or Recommending Hiring</td> <td>Rating Work Performance</td> </tr> <tr> <td>Responding to Grievances</td> <td></td> </tr> </table>	Handling Disciplinary Problems	Assigning & Reviewing work	Hiring or Recommending Hiring	Rating Work Performance	Responding to Grievances	
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:							

**Eastern Oregon Alcoholism Foundation**  
**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.

Eastern Oregon  
**ALCOHOLISM  
FOUNDATION**



EOAF, Inc.

**EASTERN OREGON ALCOHOLISM FOUNDATION  
AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT**

I have applied for employment with EASTERN OREGON ALCOHOLISM FOUNDATION. Because the position I am applying for may require that I drive a vehicle on behalf of EASTERN OREGON ALCOHOLISM FOUNDATION I understand that my driving record must be verified by EASTERN OREGON ALCOHOLISM FOUNDATION'S insurance carrier prior to my employment.

I understand that my application is conditional upon the approval of my driving record by EASTERN OREGON ALCOHOLISM FOUNDATION'S insurance carrier. I also understand that if I am offered a position with EASTERN OREGON ALCOHOLISM FOUNDATION, my driving record will be checked periodically by the insurance company.

I hereby authorize Wheatland Insurance Center Inc. and/or the insurance company for EASTERN OREGON ALCOHOLISM FOUNDATION to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to EASTERN OREGON ALCOHOLISM FOUNDATION regarding my insurability.

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:

Date:

Printed Name:

Address:

**Alcohol and  
Drug Treatment**

Date of Birth:

Phone: 541-276-3518  
Fax: 541-276-4189

Drivers License #:

State:

216 S.W. Hailey Avenue  
Pendleton, Oregon 97801

Eastern Oregon  
**ALCOHOLISM  
FOUNDATION**



EOAF, Inc.

**EMPLOYMENT REFERENCE CHECK**

I give the Eastern Oregon Alcoholism Foundation the right to investigate all references and to secure additional information about me, if job-related.

I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Previous Employer(s)

This permission is good for six months or

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:

Date:

**Alcohol and  
Drug Treatment**

Phone: 541-276-3518  
Fax: 541-276-4189

216 S.W. Hailey Avenue  
Pendleton, Oregon 97801



# Consent for Criminal Records Check Licensed Private Agency

This request will not be processed unless all information is completed clearly. If applicable, two properly completed official fingerprint cards. (We will bill the Private Child Care Agency for any FBI costs incurred.)

**Applicant Status:**

- |   |  |
|---|--|
| <input type="checkbox"/> Director of a private agency<br><input type="checkbox"/> Employee of a private agency<br><input type="checkbox"/> Volunteer for a private agency | <input type="checkbox"/> Foster Parent for a private agency<br><input type="checkbox"/> Adoption Applicant for a private agency<br><input type="checkbox"/> SNAC Applicant |
|---|--|

<b>AGENCY</b>	Agency Name	Program Name	Phone Number (    )
	Mailing Address	City	Zip Code
	Director/Designee Name	Signature	Date

<b>APPLICANT</b>	Name (Last, First, Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
	Home Address		
	City	State	Zip Code      Driver's License Number

<b>PLEASE PRINT CLEARLY</b>	Other Names Used (maiden name, previous married name(s), alias, legal name change, assumed names) Warning: Falsely responding may result in termination of employment or denial of application.		
	1. Have you lived out of the state of Oregon in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been arrested or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, on a separate sheet of paper describe the circumstances leading to the arrest/conviction and provide any information to help us understand why your arrest/conviction will <b>not</b> pose a risk to children.			
OAR 413-120-0460 (5) authorizes DHS to request that you voluntarily provide your social security number to DHS for use as an identification number for criminal records checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose your social security number, you authorize DHS to disclose your social security number to others if such disclosure is necessary for the purpose stated above.			
Signature		Social Security Number	Date

<b>APPLICANT</b>	I give permission for DHS to search their records for reports of child abuse or neglect filed under my name and confirm if such a record was found. I have reviewed and completed this form as applicable to me. I give permission for DHS to verify any or all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto is true and accurate.		
	Signature		Date

<b>DHS USE</b>	Applicant Record Check Status <input type="checkbox"/> No Record <input type="checkbox"/> LEDS <input type="checkbox"/> FBI/OSP <input type="checkbox"/> Record Found <input type="checkbox"/> False Information Given		IIS Check <input type="checkbox"/> No Record Found <input type="checkbox"/> Record Found	
	Response prepared by:      Date:		Response prepared by:      Date:	