

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 a representative of the Human Resources Department.

*****PLEASE NOTE: Please fill in ALL blanks. If something does not apply, please put “n/a”. A resume may be attached; however a resume does not take the place of a completed application.**

Name _____ Date of Application _____
Last First Middle

Address _____
Street City State Zip Code

Primary Telephone Number _____ Secondary Phone Number _____

Position Applied for: _____

Have you ever been involved in an investigation of abuse or neglect where there were substantiated charges? No Yes, if yes, you may explain:

Have you been given a copy of the job description explaining the essential functions of the job?

No Yes If yes, are you able to perform the essential functions of the job, either with or without reasonable accommodation? Yes No

Date available for work: _____ Do you have a current driver’s license? Yes No

Type of Employment Desired: Full Time Part Time Volunteer

Availability

Please mark which shifts you are available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day							
Swing							
Overnight							

Relevant skills, qualifications, and trainings:

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Employment History

Please provide the following information for your four (4) most recent employers, assignments, or volunteer activities with the most recent first.

Employer	Telephone Number	May we contact for a reference?
Address	Your Job Title	Supervisor
Reason for leaving		Supervisor's Job Title
Dates Employed: From/To	Starting Wage/Salary	Ending Wage/Salary
Summary of responsibilities/duties		

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Address	Your Job Title	Supervisor
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Dates Employed: From/To	Starting Wage/Salary	Ending Wage/Salary
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Educational Background

Name and Location	Years Completed	Did you graduate?	Major/Course of Study	Degree Earned
High School				
GED				
College				
Other				

***References** (Please note we are required by the State of Oregon to have three references. If we do not have three references we may not be able to process your application. If you have indicated we may contact previous employers as a reference then these may be either personal references or additional professional references)

Name	Company/Organization	How do you know this person?	Telephone Number	Years Known

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I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for cancellation of this application and immediate discharge from Ron Wilson Center's service, whenever it is discovered.

I give Ron Wilson Center 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 Ron Wilson Center and its representatives for seeking, gathering, and using information and all other persons, corporations, or organizations for furnishing such information.

Ron Wilson Center is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, or any other classification protected by law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Ron Wilson Center and still wish to be considered for employment, it will be necessary to fill out a new application.

Ron Wilson Center is an employment at-will company. That means that both the employer and employee can terminate the employment relationship at any time, for any reason not prohibited 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 Ron Wilson Center, 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.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. I understand that I will be subject to a Background Check. I understand that any offer of employment is subject to the completion of a Background Check that is satisfactory to Ron Wilson Center, the insurance carrier, and the State of Oregon.

I represent and warrant that I have read and understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date _____