

**Community Connection**



**of Northeast Oregon, Inc.**

*Application  
for  
Employment*

Administrative Office / 2802 Adams Avenue / La Grande, OR 97850 / 541-963-3186 / Fax: 541-963-0952

Full Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Phone Number: (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Other) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Are you legally authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

Net Typing Speed \_\_\_\_\_ wpm Ten-Key Proficiency? Yes \_\_\_ No \_\_\_

Type of work desired: \_\_\_\_\_

Wage desired: \_\_\_\_\_ Minimum acceptable wage: \_\_\_\_\_

Reason for interest in this job? \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? Yes \_\_\_ No \_\_\_

Are you available to work? Full-time Part-time Fill-in Over-time Date available? \_\_\_\_\_

Are you willing to travel, sometimes overnight? Yes \_\_\_ No \_\_\_

**Driving Positions Only:**

**If you are applying for a position with Community Connection that requires you to drive a company vehicle, please answer the following questions.**

Do you have a valid Oregon Driver's license? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Do you have a valid Commercial Driver's License (CDL)? Yes \_\_\_ No \_\_\_  
With Passenger Endorsement? Yes \_\_\_ No \_\_\_

If you do not currently have a CDL, will you apply for one if required? Yes \_\_\_ No \_\_\_

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**EDUCATIONAL BACKGROUND**

School	Name/Address of School	Course of Study	Last Year Completed				Graduate?	
			1	2	3	4	Yes	No
High School			1	2	3	4	Yes	No
Trade School			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No
Other			1	2	3	4	Yes	No

List any vocational or military experience that you have:

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List any special skills that you have:

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**REFERENCES**

**List three personal/professional references (non-relatives) below.  
Include addresses, phone numbers and relationship.**

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## Community Connection of Northeast Oregon, Inc. Application for Employment

### EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment on the following page.

EMPLOYER	DATES OF EMPLOYMENT MONTH AND YEAR	TITLE AND DUTIES
EMPLOYER _____ ADDRESS _____ CITY _____ STATE, ZIP _____ PHONE # _____ IMMEDIATE SUPERVISOR _____	FROM: _____ TO: _____ REASON FOR LEAVING: _____ _____ _____	_____ _____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY _____ STATE, ZIP _____ PHONE # _____ IMMEDIATE SUPERVISOR _____	FROM: _____ TO: _____ REASON FOR LEAVING : _____ _____ _____	_____ _____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY _____ STATE, ZIP _____ PHONE # _____ IMMEDIATE SUPERVISOR _____	FROM: _____ TO: _____ REASON FOR LEAVING : _____ _____ _____	_____ _____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY _____ STATE, ZIP _____ PHONE # _____ IMMEDIATE SUPERVISOR _____	FROM: _____ TO: _____ REASON FOR LEAVING : _____ _____ _____	_____ _____ _____ _____ _____

**May we contact the employers listed above? Yes No**  
 If not, indicate which of the employers do you want us to contact and why: \_\_\_\_\_  
 \_\_\_\_\_

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**Please use this space to provide additional information about your qualifications, skills, background or to describe any gaps in employment.**

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any misstatement, omission, or false information will be grounds for refusal to hire or for immediate discharge if I am employed. I understand that the employer may contact the Oregon State Police and/or other law enforcement agencies in order to obtain information concerning any prior criminal history involving me. I authorize the employer to investigate the information contained on this employment application, including my employment, education, character, criminal history and other qualifications, and I release from all liability the employer and any persons or other entities supplying such information relating to this investigation.     **Yes     No**

I will be responsible for familiarizing myself with all rules and regulations of Community Connection as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Community Connection or at my option, without notice, at any time, unless specifically set forth in writing in a current individual employment agreement signed by the Executive Director.     **Yes     No**

I also understand that no representative of Community Connection has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written individual employment agreement signed by the Executive Director.     **Yes     No**

**I have read, understand and agree with the above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Community Connection of Northeast Oregon, Inc.  
Authorization to Release Employment-Related Information**

I have applied for employment with Community Connection of Northeast Oregon, Inc. In relation to this, I hereby authorize my current and former employers and other persons deemed appropriate to provide information about my education, experience and work history to authorized representatives of Community Connection of Northeast Oregon, Inc. This statement supersedes any prior agreement I may have made with you. Community Connection of Northeast Oregon, Inc. will treat information provided during reference checks as confidential in accordance with Oregon law.

I therefore release all parties and persons connected with any request for information from all claims, liability, and/or damages for whatever reason arising out of furnishing such information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date: \_\_\_\_\_