



Community Connection of Northeast Oregon, Inc.

Application for Employment

Personal Information

Last Name:	First Name:	Middle Name:
Phone Number:	Email Address:	
Street Address:		
Mailing Address:		
Are you legally authorized to work in the U.S? Yes No		

Employment Interests

Position applied for:	Location:
How did you learn about this position? Online job posting Walk-in Newspaper Classifieds Social Media Company website Other: _____	
Reason for interest in this job?	
Can you perform the essential functions of the job(s) for which you are applying? Yes No	
Wage desired:	Minimum acceptable wage:
Are you available to work? Full-time Part-time Fill-in Overtime	Date Available?
Are you willing to travel, sometimes overnight? Yes No	
If you are applying for a position requiring a current Oregon Driver's License, please complete this section:	
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	

Education Information

School	Name/Address of School	Course of Study	Graduate?	Certificate or Degree Earned
High School			Yes No	
Trade School			Yes No	
College			Yes No	
Other			Yes No	

List any vocational, military experience, and/or special skills that you have: _____

Employment Information (List your last (3) employers, assignments, or volunteer activities. Starting with the most recent, including military experience)

Employer	Dates of Employment Month and Year	Duties
1) Company Name	From:	
Address	To:	
Job Title	Reason for leaving:	
Phone Number		
Supervisor Name	May we contact this employer? Yes No	
2) Company Name	From:	
Address	To:	
Job Title	Reason for leaving:	
Phone Number		
Supervisor Name	May we contact this employer? Yes No	
3) Company Name	From:	
Address	To:	
Job Title	Reason for leaving:	
Phone Number		
Supervisor Name	May we contact this employer? Yes No	

References (Professional references we can contact who have knowledge of your employment & competency)

Name of Reference	Title and Company	Phone Number	Your work relationship with this Person

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 authorize the employer to investigate the information contained on this employment application, including my employment, education, character, 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 the 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 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 statements.

Signature of Applicant

Date



Community Connection of Northeast Oregon, Inc.

Authorization to Release of 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, liabilities, and/or damages for whatever reason arising out of furnishing such information.

Signature: _____

Printed Name: _____

Other Names Used: _____

Date: _____