

# *Application For Employment*

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YOU MUST HAVE A **VALID OREGON DRIVERS LICENSE** WHEN YOU TURN THIS APPLICATION IN!

- A. All paperwork/application forms must be completed in ink, and be legible.
- B. **Do Not** Leave **Any** Questions Blank, Unanswered or Incomplete.  
*If an application is incomplete it **will not be processed**.*
- C. If questions do not pertain to you, put N/A in the blank.
- D. Be sure to sign the MVR Request and the last page of the application.
- E. Applications **MUST** have complete employer address, phones numbers and dates of work!
- F. You must have **ALL THREE** references requested with address and phones numbers.

# *Step Forward Activities, Inc.*

## *Application For Employment*

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

**Please Print**

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Driver's License #

<b>JOB LOCATION DESIRED:</b>		<b>YES</b>	<b>NO</b>
John Day	_____	_____	_____
Baker City	_____	_____	_____

**Applicants must be over 18 years of age, pass criminal history check, have a valid Oregon driver license, and be insurable by Step Forward Activities' insurance carrier.**

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give date \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Mark any shifts you are available to work:

Full Time	_____	Part Time	_____	Shift Work	_____
Temporary	_____	Sleep Over	_____		

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have, or have you had, friends, relatives, or family members working here?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Proof of citizenship or immigration status will be required upon employment.**

Can you perform the essential functions of the job for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please state any reasonable accommodations required, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<b>Diploma/Degree</b>				
Describe Course of Study		Please Circle One Diploma      GED		
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
State any additional information you feel may be helpful to us in considering your application.				

**References**

**MUST BE COMPLETE with address and phone number**

NAME, ADDRESS *and* TELEPHONE NUMBER of **THREE** references who are not related to you:

	Name	Address	Phone Number
<b>1</b>			
<b>2</b>			
<b>3</b>			
	<b>MAKE SURE YOU HAVE LISTED 3</b>		

Have you ever been discharged from any job?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give reason and name of company:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any founded reports of child abuse or substantiated adult abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

**NOTE: Step Forward Activities will disseminate information to the Employment Department upon request regarding any employee declining work that is offered, the reason given for declining, and whether call back messages left about offers of work are responded to by the employee.**

<b>Employer</b>		Address	
Job Title	Supervisor	Date Hired	Date Left
Description of Duties			
Reason for leaving		Phone #	
<b>Employer</b>		Address	
Job Title	Supervisor	Date Hired	Date Left
Description of Duties			
Reason for leaving		Phone #	
<b>Employer</b>		Address	
Job Title	Supervisor	Date Hired	Date Left
Description of Duties			
Reason for leaving		Phone #	
<b>Employer</b>		Address	
Job Title	Supervisor	Date Hired	Date Left
Description of Duties			
Reason for leaving		Phone #	

**If you need additional space, please continue on a separate sheet of paper.**

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## *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.

**This application for employment shall be considered active for a period of time not to exceed 45 days.**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

I authorize my former employers and any other persons or organizations to provide any accurate and current information they have about my background, and I release all concerned from any liability in connection therewith.

Signature of Applicant

Date

**For Personnel Department Use Only**

Arrange Interview	Yes      No	
Remarks		
Employed	Yes      No	Date of Employment
Job Title	HourlyRate/Salary	Date
By	Name and Title	Date

<b>Notes</b>	