



APPLICATION FOR EMPLOYMENT

Opportunity Connections • 2940 Thomsen Road • Hood River • OR • 97031

Phone 541 • 386 • 3520

Fax 541 • 386 • 7788

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran status, or any other condition as prescribed by federal and state laws. Applicants who are selected to fill positions must pass a drug screen before an offer of employment is made. Upon position acceptance, all applicants must submit to routine criminal history and driving record checks.

| | |
|---------------------------------------|--------------|
| POSITION YOU ARE APPLYING FOR: | DATE: |
|---------------------------------------|--------------|

PERSONAL INFORMATION

| | | | |
|--|-------|----------|---|
| Last Name | First | Middle | Home Phone |
| Street Address | | | Cell Phone |
| City | State | Zip Code | Business Phone |
| Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Are you presently on layoff and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, date(s): | | | |
| Position(s): | | | If hired, how soon will you be available to begin working for us? |
| Are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, what days/hours can you work? | | | Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Are you between the ages of 18 and 70? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| <p>OC follows Oregon Administrative Rules. If offered employment, you must pass a background check by the State of Oregon to work for us.</p> <p>OC has pre-employment drug screening and random drug testing.</p> | | | |
| Has a charge of abuse toward a developmentally disabled adult against you ever been substantiated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe in detail: | | | |

EDUCATION

| School | Name and Location | Course of Study | Years Completed | Degree Received |
|------------------------------|-------------------|-----------------|-----------------|-----------------|
| <u>High School</u> | | | | |
| <u>Undergraduate School</u> | | | | |
| <u>Graduate School</u> | | | | |
| <u>Business/Trade School</u> | | | | |

CURRENT MEMBERSHIPS IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS

Exclude those which may disclose your race, color, religion, national origin, ancestry, sexual orientation, gender identity, religion, or veteran status.

| Organization | Membership Activities | Length of Time |
|---------------------|-----------------------|----------------|
| <u>Organization</u> | Membership Activities | Length of Time |
| <u>Organization</u> | Membership Activities | Length of Time |
| <u>Organization</u> | Membership Activities | Length of Time |

EMPLOYMENT HISTORY

Start with your present or most recent employer. Give accurate, complete full-time and part-time employment history.

| | |
|-------------------------------------|--------------------------------------|
| <u>Company Name</u> | Telephone |
| Address | Employed (Month and Year) From To |
| Supervisor's Name | Monthly Gross Wage Start End |
| Job Title and Description of Duties | Reason for Leaving |
| <u>Company Name</u> | Telephone |
| Address | Employed (Month and Year) From To |
| Supervisor's Name | Monthly Gross Wage Start End |
| Job Title and Description of Duties | Reason for Leaving |
| <u>Company Name</u> | Telephone |
| Address | Employed (Month and Year) From To |
| Supervisor's Name | Monthly Gross Wage Start End |
| Job Title and Description of Duties | Reason for Leaving |
| <u>Company Name</u> | Telephone |
| Address | Employed (Month and Year) From To |
| Supervisor's Name | Monthly Gross Wage Start End |
| Job Title and Description of Duties | Reason for Leaving |

Applicant's Initials _____ I hereby expressly permit Opportunity Connections to contact the above employers, except the following:

VOLUNTEER HISTORY

| | |
|---------------------------------------|---|
| <u>Organization Name and Location</u> | Volunteer Service (Month and Year) From To |
| Service(s) Provided by Organization | Your Volunteer Service Consisted of |
| <u>Organization Name and Location</u> | Volunteer Service (Month and Year) From To |
| Service(s) Provided by Organization | Your Volunteer Service Consisted of |

SKILLS, EXPERIENCE, AND QUALIFICATIONS

List any skills, experience, or qualifications which you believe will be valuable to our organization.

REFERENCES

List your professional references (other than former employers or relatives).

| | |
|-------------|------------------------------------|
| <u>Name</u> | Telephone |
| Address | Occupation Length of Time Known |
| <u>Name</u> | Telephone |
| Address | Occupation Length of Time Known |
| <u>Name</u> | Telephone |
| Address | Occupation Length of Time Known |

PLEASE READ AND UNDERSTAND THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, will be cause for immediate termination of my employment.

I authorize Opportunity Connections to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, related employment resume, or personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against Opportunity Connections of its representatives for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days from the date signed. After that date, unless otherwise notified, my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice unless required by law. I understand that no manager or representative of Opportunity Connections, other than the Board of Directors, has any authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing, and such agreement must be in writing.

Management will make an effort to accommodate individual preferences. However, business needs may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

| | |
|-------------------------------|---------------------|
| APPLICANT'S SIGNATURE: | DATE SIGNED: |
|-------------------------------|---------------------|

Equal Employment Opportunity Information

Opportunity Connections (OC) promotes the employment of people with disabilities and is an Equal Employer. State and federal laws require that OC furnish statistical data on all job applicants. This information will be used for statistical purposes only. We would appreciate your cooperation in providing us with the required information below. It will be separated from your application form and will be kept in a confidential file.

Your Name _____ Date _____ Male Female

Are you Hispanic or Latino? (Check the appropriate box)

- Yes
No

Please select one or more races from the list below. (Check all that apply)

- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
Black or African-American: A person having origins in any of the Black racial groups of Africa
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of the Pacific Islands, the Philippine Islands, Samoa, Hawaii, and Guam.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes China, Japan, Korea, Thailand, and Vietnam.
American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central or South America and (not Hispanic or Latino) who maintains tribal affiliation or community attachment
Two or More Races
I do not wish to disclose

The Department of Labor has asked employers to report Veteran status of our employees. The regulations provide that this information be voluntarily obtained from employees. Please check all categories that you qualify for:

- Not Applicable
Vietnam Era Veteran: A veteran whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975 who served on active duty for more than 180 days and was discharged with other than a dishonorable discharge or because of a service-connected disability
Disabled Veteran*: A veteran 1) of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or 2) who was discharged or released from active duty because of a service-connected disability
Other Protected Veteran: A veteran who served on active duty in the U.S. military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense
Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military ground, naval or air service participated in a U.S. Medal Veteran military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12085 (61 FR 1209, 3 CFR, 1996 Comp., p. 159)
Recently Separated Veteran: A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military ground, naval or air service

Military Status: Active Reserve Inactive Reserve Separation Date _____

Disability Status:

A Person With a Disability* (who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Such individual with a disability is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability)

----- For Office Use Only -----

Employment Application Date _____
Applicant Not Hired Hired: Dept _____ Date _____ Wage _____