



Application for Employment

United Community Action Network
280 Kenneth Ford Drive
Roseburg, OR 97470

Equal Opportunity Employer

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.

DIRECTIONS: Answer every question. If a question is not applicable to you, enter NA (not applicable). Resumes may be attached for reference only.

You will know that your application has been successfully submitted when you: See a popup that your application has been received -or- Reach a page asking for statistical information (after hitting the submit button) -or- Receive an email confirmation (if you entered an email address).

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|-----------------|--|-----------------|------|---------------|-------|----------------------|---------------------|
| Last Name | | First Name | | Middle Name | | Position Applied For | |
| Street | | | City | | State | Zip | For Office Use Only |
| Mailing Address | | | City | | State | Zip | |
| Primary Phone | | Secondary Phone | | Email Address | | | |

| | | | | | |
|--|--|--|--|---|--|
| Do you have a valid Drivers' License? | | Do you have a valid Commercial Drivers' License with Medical Card and Passenger Endorsement? | | Do you have the minimum required insurance on your car? | |
| Do you have an Office of Childcare Central Background Registry Number? (include a copy of your letter with this application) | | | | | |

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|---|--|--|--|---|----------------------------|--|
| If necessary, the best time to call you is: | | | Best Phone | | Type of employment desired | |
| May we contact you at work? If yes, work number and best time to call | | | | Will you travel if the job requires it? | | |
| Have you ever been employed here before? If yes, give dates | | | Will you work overtime if required? If no, explain | | | |
| Are you legally eligible for employment in this country? | | Are you a former client of this company? | | | Date available for work | |

EMPLOYMENT HISTORY

Starting with your most recent employer, list your last five (5) employers.

| | | | |
|--|-----------------|----------------|--|
| Employer | Telephone # | Dates employed | |
| Address | City | State | |
| Starting job title | Final job title | Avg Hrs/Wk | |
| May we contact this employer for reference? | | | |
| Why did you leave? | | | |
| Summarize the type of work performed and job responsibilities? | | | |
| What did you like most about your position? | | | |
| What did you like least about your position? | | | |

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| Please tell us about any volunteer experience you may have had (include dates and places) |
|---|

Explain any gaps in your employment, other than those due to personal illness, injury or disability

If not addressed above, have you ever been fired or asked to resign from a job? If yes, please explain

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the duties of the position for which you are applying

Computer skills - include software titles and years of experience in each category

| | | | |
|-----------------|---------|----------------|---------|
| Word Processing | Yrs Exp | Internet | Yrs Exp |
| Spreadsheet | Yrs Exp | Email | Yrs Exp |
| Presentation | Yrs Exp | Other software | |

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information. For teaching positions, include transcripts with this application.

| Name of School Attended | Years Completed | Degree or Diploma |
|-------------------------|-----------------|-------------------|
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REFERENCES

List names and contact information for three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name and title (if applicable) | Relationship to you | Email address | Telephone | Yrs known |
|--------------------------------|---------------------|---------------|-----------|-----------|
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RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

Organization(s) and Office(s) Held

List special accomplishments, publications, awards, etc.

Exclude accomplishments that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

Special accomplishments

Is there any other job-related information your would like us to know about?

Other job-related information

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Employment is at will and is at the mutual consent of the employee and the employer. Consequently, either the employee or the employer can terminate the employment relationship at any time, with or without advance notice. The application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employers Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the

United States and that federal immigration laws require me to complete an I9 Form in this regard.

I understand that the employer does not tolerate unlawful discrimination in its employment practices and that no question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his/her sex, race, color, religion, national origin, genetic information, citizenship, age, disability or any other protected status under local, state or federal law. Likewise, this company does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age disability, or any other protected status. Harassment of our employees is strictly prohibited; whether it is committed by a manager, co-worker, subordinate or non-employee. This company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to i) eliminate me from further consideration for employment or ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of this Applicant Statement.

I understand that I am required to submit a complete application and that my failure to do so may result in disqualification from consideration for the position.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Employment Analytics Questionnaire

The following information is for statistical and data gathering purposes only.

Providing this information is entirely voluntary and will not adversely affect your employment.

All information is confidential and will not be seen by supervisors or other program employees.

Equal Employment Opportunity and Veteran's Preference

Under affirmative action state and federal guidelines and certain veteran acts, this company is required to identify employees by ethnicity, race, gender, and veteran status.

| | | |
|-----------------|--|---|
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Ethnicity: | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Not Hispanic |
| Race: | <input type="checkbox"/> White (only) | <input type="checkbox"/> Black or African American (only) |
| | <input type="checkbox"/> Asian (only) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (only) |
| | <input type="checkbox"/> American Indian or Alaska Native (only) | <input type="checkbox"/> Two or more races (non-Hispanic) |
| Veteran Status: | <input type="checkbox"/> Special Disabled Veteran | <input type="checkbox"/> Vietnam Era Veteran |
| | <input type="checkbox"/> Newly Separated Veteran | <input type="checkbox"/> Other Protected Veteran |

Are you aware of any past/present medical problems or mental or physical disability that might interfere with your performance of job-related functions as outlined in the job announcement? If yes, explain fully (including job accommodation needed).