



**HEART OF  
OREGON  
CORPS**  
*Empowering change.*

## EMPLOYMENT APPLICATION

**For STAFF positions**

### HEART OF OREGON CORPS **STAFF** EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

TODAY'S DATE:

EMPLOYMENT STATUS SOUGHT: Full-time  Part-time  Temporary

HOW DID YOU HEAR ABOUT US?

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT?

### CONTACT INFORMATION

FULL LEGAL NAME:

PREFERRED NAME:

ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

HOME NUMBER:

CELL NUMBER:

EMAIL:

### EDUCATION HISTORY

Name and Location of School

# of years attended

Graduated?

Degree

HIGH SCHOOL:

COLLEGE/UNIVERSITY:

COLLEGE/UNIVERSITY:

### GENERAL INFORMATION

Please be aware that all positions require a post-offer criminal history checks, and some require driving record checks. A record of the above offenses does not necessarily result in denial of employment. Each check will be reviewed to assess the relevancy of an arrest, a pending criminal charge, or a conviction to the position.

HAVE YOU EVER WORKED, PARTICIPATED IN, OR VOLUNTEERED AT HEART OF OREGON CORPS? YES  NO

IF YES, WHEN/WHAT?

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
DO YOU HAVE ANY COMMITMENTS OR AGREEMENTS WITH ANOTHER EMPLOYER WHICH MIGHT AFFECT YOUR EMPLOYMENT HERE?    YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:	
ARE YOU ABLE TO TRAVEL IF REQUIRED?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>DRIVER SCREENING INFORMATION</b>	
DRIVER'S LICENSE #:	STATE OF ISSUE:
OTHER STATES IN WHICH YOU'VE HAD A DRIVER'S LICENSE IN THE PAST 5 YEARS:	
DOES YOUR LICENSE CURRENTLY HAVE ANY SUSPENSIONS, SPECIAL PERMITS, RESTRICTIONS, ETC.? IF YES, PLEASE EXPLAIN:	
TRAFFIC VIOLATION CONVICTIONS (IN THE PAST 5 YEARS):	
ACCIDENT RECORD (IN THE PAST 5 YEARS):	
SPECIAL TRAINING OR CERTIFICATION RELATED TO DRIVING/TRANSPORTATION:	
EXPERIENCE WITH DRIVING/TRANSPORTATION:	
<b>SPECIALIZED TRAINING</b>	
Please describe your interest in working for us and the job related experiences, skills, qualifications, and aptitudes that you feel qualify you for the position for which you are applying. You may wish to include vocational training, seminars or workshops you have attended, civic and community activities, professional societies in which you participate, licenses, certificates, publications, honors, professional designations or achievements, and other specialized training or skills. Attach a resume if preferred.	

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## SKILLS, KNOWLEDGE AND CERTIFICATIONS

Please check all skills or proficiencies that apply to you.

<input type="checkbox"/> Customer Service	<input type="checkbox"/> Microsoft Office Programs	<input type="checkbox"/> Keyboarding WPM: _____
<input type="checkbox"/> Experience (1 year +) with natural resources, forestry, or green construction	<input type="checkbox"/> Experience (1 year +) with at-risk youth	<input type="checkbox"/> Experience (1 year +) working at non-profit org
<input type="checkbox"/> Experience (1 year +) as AmeriCorps member or staff	<input type="checkbox"/> Experience (1 year +) managing federally-funded program	<input type="checkbox"/> Oregon Driver License
<input type="checkbox"/> CPR/First Aid Exp:_____	<input type="checkbox"/> WFR or WFA Exp:_____	<input type="checkbox"/> S212 Chainsaw Certification

Other:

Foreign Language: \_\_\_\_\_  Beginner  Intermediate  Advanced

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Please list both month and year for dates employed. Include maiden or other name if applicable.

**EMPLOYER:** \_\_\_\_\_ **POSITION HELD:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

**EMPLOYER:** \_\_\_\_\_ **POSITION HELD:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **POSITION HELD:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED BY AN EMPLOYER? YES  NO   
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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<b>REFERENCES</b>				
Give two references, not already listed in this application				
NAME	OCCUPATION	YEARS KNOWN	PHONE	EMAIL
<b>CERTIFICATION</b>				
I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment. _____ <b>(initial)</b>				
I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended. _____ <b>(initial)</b>				
I authorize Heart of Oregon Corps to contact any of my past employers and/or schools, and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release Heart of Oregon Corps and all employers and schools from liability for any damages that may result from furnishing information to Heart of Oregon Corps. Additionally, I authorize Heart of Oregon Corps to obtain bond ability reports to determine employment eligibility. _____ <b>(initial)</b>				
I agree to submit to any post-offer, pre-employment testing or physicals, as required by Heart of Oregon Corps _____ <b>(initial)</b>				
In the event of my employment, I agree to conform to the policies and procedures of Heart of Oregon Corps as set forth now or hereafter in any of their policy and/or procedure manuals or other communications. _____ <b>(initial)</b>				
I understand that this application in no way represents a contract of employment between me and Heart of Oregon Corps. I also understand that, if I am hired, the employment relationship will be at-will, which means that it may be terminated by Heart of Oregon Corps or me at any time, with or without cause, with or without notice, unless my position is covered within a collective bargaining agreement, at which time that agreement supersedes Oregon at-will rules. _____ <b>(initial)</b>				
I authorize Heart of Oregon Corps to obtain a copy of my Motor Vehicle Records (MVR) from every state in which I've been issued a driver's license for the past five years and to obtain updated copies of my MVR at any time during my term of employment with HOC. _____ <b>(initial)</b>				
I acknowledge that I have read and understand the above statements:				
Applicant's Signature:			Date	
Applicant Printed Name:				

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