



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

## EMPLOYMENT APPLICATION

**For STAFF positions**

POSITION APPLIED FOR:

TODAY'S DATE:

HOW DID YOU HEAR ABOUT US?

### CONTACT INFORMATION

FULL LEGAL NAME:

PREFERRED NAME:

ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

HAVE YOU EVER WORKED, PARTICIPATED IN, OR VOLUNTEERED AT HEART OF OREGON CORPS? YES ☐ NO ☐  
IF YES, WHEN/WHAT?

DO YOU HAVE ANY COMMITMENTS OR AGREEMENTS WITH ANOTHER EMPLOYER WHICH MIGHT AFFECT YOUR EMPLOYMENT HERE? YES ☐ NO ☐  
IF YES, PLEASE EXPLAIN:

### REFERENCES: List three references for character/professional reference:

NAME	RELATION TO APPLICANT	YEARS KNOWN	CONTACT INFO
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1.

2.

3.

### CERTIFICATION

Please be aware that all positions require a post-offer criminal history checks, and some require driving record checks. A record of 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.

<p>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. _____ (initial)</p>	
<p>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. _____ (initial)</p>	
<p>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. _____ (initial)</p>	
<p>I authorize Heart of Oregon Corps to contact my current employer to furnish any information concerning my employment YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> _____ (initial)</p>	
<p>I agree to submit to any post-offer, pre-employment testing or physicals, as required by Heart of Oregon Corps _____ (initial)</p>	
<p>I acknowledge that I have read and understand the above statements:</p>	
<p>Applicant's Signature:</p>	<p>Date</p>
<p>Applicant Printed Name:</p>	