

**SKILLS AND INTERESTS**

DO NOT INCLUDE THE NAMES OF CLUBS, ORGANIZATIONS, ASSOCIATIONS, ETC., WHICH INDICATE THE RACE, CREED, RELIGION, AGE, NATIONAL ORIGIN OR POLITICAL VIEWS OF MEMBERS, OR ANY OTHER PROTECTED CLASS.

LIST OUTSIDE ACTIVITIES WHILE IN SCHOOL (athletics, clubs, offices held): \_\_\_\_\_

RELATED HOBBIES / INTERESTS: \_\_\_\_\_

LIST SKILLS OR EXPERIENCE THAT MIGHT RELATE TO THIS WORK: \_\_\_\_\_

CAREER AIMS / GOALS: \_\_\_\_\_

**COMMENTS**

MAKE ANY ADDITIONAL COMMENTS YOU WISH IN THE SPACE BELOW:

**ACCEPTANCE**

IT IS THE POLICY OF OSLP TO RECRUIT, EMPLOY, TRANSFER, DEVELOP AND PROMOTE INDIVIDUALS WITHOUT REGARD TO RACE, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CLASS AS PROVIDED BY LAW.

- I. I DECLARE THAT ALL STATEMENTS AND ANSWERS HEREIN ARE TRUE AND COMPLETE, AND AGREE THAT ANY UNTRUTH, MISLEADING ANSWER, OMISSION, CONCEALMENT, OR FAILURE TO ANSWER QUESTIONS FULLY, COMPLETELY AND ACCURATELY ARE GROUNDS FOR TERMINATION OF MY EMPLOYMENT.
- II. I AUTHORIZE OREGON SUPPORTED LIVING PROGRAM AT ANY TIME TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH FORMER EMPLOYERS CONCERNING SAME, AND TO MAKE AN INDEPENDENT INVESTIGATION OF MY CHARACTER, CONDUCT, EMPLOYMENT, CRIMINAL, FINANCIAL AND DRIVER'S RECORDS.
- III. I AGREE THAT OREGON SUPPORTED LIVING PROGRAM, MY PREVIOUS EMPLOYERS AND ANY OTHER SOURCES USED IN THIS INVESTIGATION SHALL NOT BE HELD LIABLE IN ANY RESPECT IF ANY EMPLOYMENT OFFER IS NOT TENDERED, IS WITHDRAWN OR MY EMPLOYMENT TERMINATED DUE TO FALSE STATEMENTS OR ANSWERS IN THIS APPLICATION OR ANY OTHER INFORMATION GAINED IN THIS INVESTIGATION.
- IV. I AGREE TO RETURN ALL COMPANY RECORDS, EQUIPMENT AND KEYS UPON TERMINATION OF EMPLOYMENT.
- V. I UNDERSTAND THAT RECEIPT OF THIS APPLICATION FOR EMPLOYMENT DOES NOT IMPLY EMPLOYMENT AND THAT THIS APPLICATION AND/OR ANY OTHER OREGON SUPPORTED LIVING PROGRAM DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT. THIS RELATIONSHIP CANNOT BE MODIFIED BY ANYONE OTHER THAN IN WRITING BY THE EDUCATIVE DIRECTOR OF THE COMPANY. ANY REPRESENTATIONS BY ANY OTHER PERSON CONTRARY TO THE EMPLOYMENT AT WILL DOCTRINE, EITHER VERBAL OR WRITTEN, SHALL NOT BE RELIED UPON BY ANY EMPLOYEE.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE



**OREGON SUPPORTED LIVING PROGRAM**

1250 Charnelton St.  
Eugene, Oregon 97401  
(541) 343-4196

Dear Applicant:

We are pleased that you are interested in employment at Oregon Supported Living Program (OSLP). To be considered for employment, applications must be accompanied by a signed and dated summary of the position for which you are applying. Please review the position summary thoroughly before completing the application. This Application for Employment will be considered active for one month from the date signed.

OSLP is strongly committed to providing a safe and harmonious work environment for its employees and to providing quality residential and vocational services to those we serve. As part of the hiring process all applicants are required to submit to and pass a criminal history background check.

**Instructions**

- PLEASE ANSWER **ALL** QUESTIONS TO THE BEST OF YOUR ABILITY.
- **PRINT** LEGIBLY WITH **INK PEN**.
- **DO NOT** LEAVE BLANK SPACES PRINT **N/A** (NOT APPLICABLE) WHEN NECESSARY.

**EMPLOYMENT DESIRED**

POSITION SOUGHT: \_\_\_\_\_

FULL TIME  PART TIME

Have you previously applied for employment at OSLP? Yes  No

When? \_\_\_\_\_ For what position? \_\_\_\_\_

PAY RATE: Starting Rate \$9.05/ hr. with regularly scheduled increases. Date you can start: \_\_\_\_\_

OUR PROGRAMS ARE STAFFED 24-HOURS PER DAY INCLUDING HOLIDAYS. PLEASE INDICATE WHAT HOURS YOU CAN WORK. WRITE "ANY" IF YOU ARE AVAILABLE ALL HOURS.

AVAILABLE HOURS: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

REFERRED BY: (CHECK ONE) NEWSPAPER AD: \_\_\_\_\_ OSLP EMPLOYEE: \_\_\_\_\_ OTHER: \_\_\_\_\_  
(Specify) (Specify) (Specify)

**PERSONAL HISTORY**

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)

ALL OTHER LAST NAMES USED: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

PHONE: HOME PHONE #: ( ) \_\_\_\_\_ MESSAGE #: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(NO. & STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(NO. & STREET) (CITY) (STATE) (ZIP)

AGE: IF HIRED, WILL YOU PROVIDE PROOF OF YOUR AGE? YES  NO   
ARE YOU 18 OR OLDER? YES  NO  ARE YOU 21 OR OLDER? YES  NO

DRIVER'S LICENSE OR STATE ISSUED ID: YES  NO  STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CITIZENSHIP: CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO REMAIN & WORK IN THE U.S.A.? YES  NO

PREVIOUSLY EMPLOYED BY OSLP: YES  NO  IF YES, WHEN & WHICH PROGRAM(S)? \_\_\_\_\_

RELATIVE/FRIENDS CURRENTLY EMPLOYED BY OSLP?: YES  NO  IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EDUCATION**

SCHOOLS ATTENDED	CIRCLE HIGHEST GRADE COMPLETED	JOB RELATED COURSES	GRADUATE/EQUIV. YES      NO	
LAST HIGH SCHOOL:	9 10 11 12			
(CITY) _____ (STATE) _____				
COLLEGE/UNIVERSITY OR TECHNICAL SCHOOLS ATTENDED: <small>INCLUDE MILITARY</small>	MAJOR	MINOR	DEGREE OR NO. CREDITS	
_____				
_____				
_____				

LIST ANY CURRENT LICENSES / CERTIFICATIONS: \_\_\_\_\_

ARE YOU CURRENTLY ATTENDING SCHOOL? YES  NO  HOURS/DAYS ATTENDING: \_\_\_\_\_

IF NO, ARE YOU PLANNING TO ATTEND SCHOOL? YES  NO

WHEN / WHERE? \_\_\_\_\_

**ABILITIES**

AFTER REVIEWING THE POSITION SUMMARY FOR THE JOB(S) FOR WHICH YOU ARE APPLYING, DO YOU BELIEVE THAT YOU CAN PERFORM ALL OF THE FUNCTIONS LISTED? YES  NO

IF NO TO THE ABOVE, PLEASE IDENTIFY ANY FUNCTIONS OF THE JOB WHICH YOU ARE UNABLE TO PERFORM AND DESCRIBE HOW YOU MIGHT BE ABLE TO PERFORM THE JOB WITH REASONABLE ACCOMMODATION(S).  
\_\_\_\_\_

**BACKGROUND**

**TERMINATION:** HAVE YOU EVER RESIGNED UNDER PRESSURE OR BEEN TERMINATED FOR ANY REASON OTHER THAN LACK OF WORK?  
YES:  NO:  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**\*CONVICTIONS:** HAVE YOU EVER BEEN CONVICTED BY CRIMINAL OR MILITARY COURT OF ANY OFFENCE AT ANY TIME? (THIS INCLUDES FELONIES OR MISDEMEANORS, INCLUDING VEHICLE/TRAFFIC MISDEMEANOR OR FELONY OFFENCES.)  
YES:  NO:  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\* A conviction is not an automatic bar from employment.

**WORK EXPERIENCE**

LIST MOST RECENT JOB FIRST - APPLICANTS MUST PRINT A COMPLETE RECORD OF ALL EMPLOYMENT IN THE LAST 5 YEARS. INCLUDE MILITARY & INDICATE DATES AND REASONS FOR PERIODS OF UNEMPLOYMENT IN EXCESS OF THIRTY DAYS. USE ADDITIONAL SHEETS IF NEEDED.

DATE EMPLOYED (Month, Day, Year)	COMPANY / ORGANIZATION Complete Names & Addresses	TITLE / DUTIES PERFORMED AT START OF EMPLOYMENT	TITLE / DUTIES PERFORMED AT END OF EMPLOYMENT	HOW WAS POSITION OBTAINED	AVERAGE HRS. WORK PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (Be Specific)	IMMEDIATE SUPERVISOR
						AT START	UPON LEAVING			
FROM: MO / DAY / YR TO: MO / DAY / YR WHAT KIND OF BUSINESS?	(Name)  (No. & Street)  (City) (State) (Zip)									NAME: _____ TITLE: _____ PHONE NO.: _____ MAY WE CONTACT NOW?
FROM: MO / DAY / YR TO: MO / DAY / YR WHAT KIND OF BUSINESS?	(Name)  (No. & Street)  (City) (State) (Zip)									NAME: _____ TITLE: _____ PHONE NO.: _____ MAY WE CONTACT NOW?
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