



# Community Action

## Application for Employment

Submit to: Human Resources, 1001 SW Baseline Street, Hillsboro, Oregon 97123

FAX: 503.400.3691

APPLY ONLINE: [www.caowash.org](http://www.caowash.org)

Community Action is an equal opportunity employer and does not discriminate on the basis of age, race, sex, color, religion, gender or gender identity, sexual orientation, disability, marital status, veteran status, genetic history, or any other protected status in accordance with applicable state and federal equal employment opportunity laws. Applicants with disabilities may request accommodation to complete the application and selection process. Please notify Human Resources at least (3) working days in advance of the need. Community Action reviews all applications carefully and verifies their receipt. Applicants selected for interview will be contacted by Human Resources and/or the hiring department. Please note that applications are kept on file in active status for six months. Within that six month period you can contact Human Resources should you want your active application applied toward another advertised opening. **All staff in positions which regularly require driving either company or personal vehicles while performing work on behalf of Community Action are required to provide Human Resources proof of a valid driver's license for a motor vehicle record check both at hire and annually thereafter. Human Resources will conduct a motor-vehicle record. These records will be held as confidential records in Human Resources. All accidents will be reported to Human Resources within 48 hours.**

**Directions: Please print or type responses and complete application as fully as possible.**

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**ANSWER ALL QUESTIONS BELOW – DO NOT LEAVE BLANKS**

Are you legally eligible for employment in the United States?  Yes  No *(Proof will be required upon employment)*

Are you 18 years of age or older?  Yes  No

**Employment Desired**

Type of employment desired:  Full-Time  Part-Time  Temporary  Casual On-Call

Are you available for overnight/shift work if required?  Yes  No

What days of the week are you **NOT** available to work? *(Check all days that you are NOT available to work)*

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Date you can start work: \_\_\_\_\_ What is your minimum hourly pay requirement? \_\_\_\_\_ /hr

Have you been employed by Community Action before?  Yes  No If Yes, when? \_\_\_\_\_

How did you hear about us?  Advertisement in/on: \_\_\_\_\_  Employee: \_\_\_\_\_

State Employment Agency  Walk-In  Relative  Our Web Site  Other: \_\_\_\_\_

**Education:** Please list below any education or training you have received which qualifies you for the position for which you are applying.

Name of School, College or University	Dates Attended	Degree/Diploma Received	*Check here if degree is in progress*
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>

**If required, do you have a license or certification in the State of Oregon to perform the duties of the position you are seeking?** (Refer to job posting for license/certification requirements)  Yes  No If Yes, list below:

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Certification #: \_\_\_\_\_ Expires: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Certification #: \_\_\_\_\_ Expires: \_\_\_\_\_

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that relate to the position for which you are applying.

---



---



---

**Language(s):** If the position for which you are applying requires or has a preferred qualification for proficiency in a language other than English, please list those language(s) below. Please indicate by each language name: (SF) if you Speak it Fluently, (SM) if you Speak it Moderately such as asking or giving directions, (RWF) if you Read/Write Fluently meaning you are able to do complex highly accurate written translation or (RWM) if you Read/Write it moderately meaning you can read or write simple sentences with a minimum of mistakes.

Language(s): \_\_\_\_\_

---

**References:** List at least **three (3)** references including contact information. Indicate type (personal or professional). Please note by listing a person or past employer as a reference you are designating them as allowed to be contacted.

Name	Address	City, ST Zip	Phone	Type
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____



--	--

**4.** \_\_\_\_\_

Company Name	Address	City, ST Zip
Position Held	Supervisor	Telephone

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ **May be Contacted:**  Yes  No

Major Duties and Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.**

I authorize investigation of all statements contained in this application for employment. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education and qualifications. In the event I am offered and accept employment, I understand that false or misleading information given in my application (and resume and any supplemental information) or interview(s) may result in discharge. Under state and/or federal law, some positions require pre-employment criminal record checks and, possibly, fingerprinting, and/or other screenings for detection of illegal substances. If offered a position, I understand that my offer of employment with Community Action Organization of Washington County (hereafter referred to as Community Action) may be subject to satisfactorily passing such screening. Further, I understand that refusal to consent to such screening will disqualify me from consideration for a position.

I also understand that no representative of Community Action has any authority to enter into any employment contract for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment. If hired, I understand I will be responsible for familiarizing myself with and abiding by all rules and regulations of Community Action as they presently exist or are later modified. I understand that this application is not a contract of employment, and that, if hired, my employment is at-will and can be terminated, by me or by Community Action at any time and for any or no reason.

I have read, and understand the above, and I certify that the answers I have given are true and complete to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_