



RESOURCE CONNECTIONS OF OREGON

Main Office:
3876 Beverly Ave NE, Suite G-1
Salem, OR 97305

Yamhill Co. Office:
2205 NE Evans
McMinnville, OR 97128

Linn Co. Office:
250 Broadalbin St SW
Suite 245
Albany, OR 97321

Tel: (503) 485-2510
Fax: (503) 485-2515

Tel: (503) 883-0430
Fax: (503) 883-0433

Tel: (541) 704-2720
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A United Way Member Organization in Marion and Yamhill Counties

APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND COMPLETE THIS FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

JOB TITLE DATE

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS YRS. AT THIS ADDRESS

CITY STATE ZIP TEL. NO.

DO YOU HAVE A VALID DRIVER'S LICENSE AND VEHICLE INSURANCE? [] YES [] NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? [] YES [] NO
IF NO, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [] YES [] NO
IF YES, EXPLAIN:

LIST YOUR RELEVANT QUALIFICATIONS:

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR:

Table with 2 columns: Task, Date. Rows include 1st Interview, 2nd Interview, Verification of Employment, Satisfactory Reference Reports, Fingerprinted, Criminal History Check Response, and Hired.

EDUCATION:

NAME	YEARS COMPLETED	COURSE OF STUDY/DEGREE
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HIGH SCHOOL:

COLLEGE:

GRAD. SCHOOL:

OTHER:

WORK EXPERIENCE – START WITH YOUR PRESENT OR MOST RECENT POSITION:

JOB 1

FIRM NAME		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP
IMMEDIATE SUPERVISOR		PHONE		
DATES FROM:	TO:	POSITION TITLE:		
STARTING SALARY:		FINAL/PRESENT SALARY:		
EXPLAIN DUTIES IN DETAIL:				
WHAT DO YOU MOST ENJOY ABOUT THIS JOB?				
WHAT DO YOU LEAST ENJOY ABOUT THIS JOB?				
REASON FOR LEAVING JOB:				

JOB 2

FIRM NAME		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP
IMMEDIATE SUPERVISOR		PHONE		
DATES FROM:	TO:	POSITION TITLE:		
STARTING SALARY:		FINAL/PRESENT SALARY:		
EXPLAIN DUTIES IN DETAIL:				
WHAT DID YOU MOST ENJOY ABOUT THIS JOB?				
WHAT DID YOU LEAST ENJOY ABOUT THIS JOB?				
REASON FOR LEAVING JOB:				

JOB 3

FIRM NAME		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP
IMMEDIATE SUPERVISOR		PHONE		
DATES FROM:	TO:	POSITION TITLE:		
STARTING SALARY:		FINAL/PRESENT SALARY:		
EXPLAIN DUTIES IN DETAIL:				
WHAT DID YOU MOST ENJOY ABOUT THIS JOB?				
WHAT DID YOU LEAST ENJOY ABOUT THIS JOB?				
REASON FOR LEAVING JOB:				

ADDITIONAL INFORMATION:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

- Yes No I certify that all answers and statements I have made on this application (and resume or other materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed.
- Yes No I understand that I am required to undergo a criminal history check. If the criminal history check returns with a notice of disqualification, my employment will be immediately terminated.
- Yes No I further acknowledge that a telephonic facsimile (FAX) or photographic copy of documents shall be valid as the original. This release includes all state and federal agencies.
- Yes No I will be responsible for familiarizing myself with all rules and regulations of this organization as they presently exist or are later modified.
- Yes No I recognize that Resource Connections of Oregon is an at-will employer and that my employment can be terminated for any reason this organization considers sufficient, or at my option, without notice, at any time.
- Yes No No representative of this organization has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment.

I have read, understood and agreed with the above.

Signature:

Date:



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(available by appointment)
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Fax: (541) 704-2725

Toll Free:
Tel: (877) 673-8138

Release for Employment Reference

MAY WE CONTACT YOUR PRESENT EMPLOYER? []YES []NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? []YES []NO

LIST REFERENCES (RCO contacts a minimum of three):

NAME	TITLE/RELATION	TELEPHONE
PROFESSIONAL:		
PROFESSIONAL:		
OTHER:		
PROFESSIONAL:		

I authorize, without reservation, any of the following:

- persons or organizations named in the application,
- any law enforcement agency,
- administrator,
- state agency,
- institution,
- insurance company or agent for this organization,
- information service bureau or
- employer contacted by Resource Connections of Oregon,

to give complete information and records regarding:

- my employment,
- education,
- character,
- motor vehicle operation history and
- qualifications.

I understand that in the event information is obtained on my credit worthiness and this information is used as a basis for denying me employment, I will be provided with a copy of the report and a description of my rights.

I have read, understood and agreed with the above.

Signature:

Date:

This release is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.