

OSLC COMMUNITY PROGRAMS  
 1170 Pearl St  
 Eugene, OR 97401  
 Telephone: (541) 743-4340  
 Fax: (541) 743-4369

Date \_\_\_\_\_

Position applied for \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date available \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Message Phone \_\_\_\_\_

Education:

<u>Years Attended</u>	<u>Institute &amp; Address</u>	<u>Major area of specialization</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience (we must have complete and current addresses and phone numbers of previous employers. Begin with the most recent experience and indicate which supervisors we may contact.)

<u>Dates</u>	<u>Employer</u>	<u>Specific Duties Performed</u>	<u>Reason for leaving</u>
_____ to _____	Name _____	_____	_____
_____	Street address _____	_____	<u>Ending Salary</u> _____
	City, State, Zip _____	_____	_____
	Supervisor _____	Phone number _____	_____

<u>Dates</u>	<u>Employer</u>	<u>Specific Duties Performed</u>	<u>Reason for leaving</u>
_____ to _____	Name _____	_____	_____
_____	Street address _____	_____	<u>Ending Salary</u> _____
	City, State, Zip _____	_____	_____
	Supervisor _____	Phone number _____	_____

<u>Dates</u>	<u>Employer</u>	<u>Specific Duties Performed</u>	<u>Reason for leaving</u>
_____ to _____	Name _____	_____	_____
_____	Street address _____	_____	<u>Ending Salary</u> _____
	City, State, Zip _____	_____	_____
	Supervisor _____	Phone number _____	_____

Please write a paragraph describing your reasons for seeking this position and why you feel you are qualified for the job. If you have any skills, interests, or experience that are not reflected by the information given above, and would be complimentary to the position you seek, please mention them.

EMPLOYMENT POLICIES/RELEASE

Attach to employment application.

PLEASE READ PRIOR TO COMPLETING AND SIGNING THIS APPLICATION.

1. This company is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.
2. Proof of employment eligibility for compliance with the United States Immigration Control and Reform Act of 1986 is required prior to employment.
3. I understand that, if the position applied for requires frequent driving, I must comply with certain automobile liability insurance requirements and provide proof of insurance, if hired.
4. Certain positions require a criminal records check.
5. Documentation of required credentials must be received prior to final interview.
6. I hereby authorize and request any and all of my former employers to furnish any and all information concerning my job performance. I agree to hold my former employers and their agents harmless from all liability which could relate in any way to the disclosure of private information or an assessment or opinion of my suitability for employment.
7. I have read and understand the job description dated \_\_\_\_\_. I have no physical or mental requirements or limitations which might affect my ability to perform the job.
8. I understand that misrepresentation or omission of facts herein is cause for termination, if I am hired.
9. I understand that, if hired, I will be required to:
  - 1) Sign a Confidentiality Agreement, requiring me to refrain from disclosing client or research participation information, and
  - 2) Complete required HIPAA training.
10. I have read and understand this application and have answered all portions of this application truthfully and correctly, with no omissions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

This application is valid for 90 days.

## AFFIRMATIVE ACTION QUESTIONNAIRE

**Instructions:**

OSLC Community Programs (OCP) has a continuing commitment to monitoring hiring and promotion processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the applicant.

To provide OCP with the information it needs for this important task, complete the form below and attach it to your application.

The Affirmative Action Officer will separate this form from your application. This information is confidential and will be maintained in an office separate from the applications.

If you decline to provide this information, it will in no way affect your application. Your cooperation is appreciated.

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Name \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Birth date \_\_\_\_\_ Disabled: No \_\_\_\_\_ Yes \_\_\_\_\_

Vietnam Era Veteran: No \_\_\_\_\_ Yes \_\_\_\_\_

Race or Ethnic group (check one)

Note: The category that most closely reflects the individual's recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins.

- \_\_\_ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- \_\_\_ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- \_\_\_ **African-American, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- \_\_\_ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South America, Portugal, or other Spanish culture or origin, regardless of race.
- \_\_\_ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_ Check here if you do not wish to provide some or all of the above information.

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**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby authorize the employer(s) listed below to release information regarding my employment, including information about my performance, compensation, employment dates, and other relevant circumstances to OSLC Community Programs.

_____ Name of Organization	_____ Name of Organization	_____ Name of Organization
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_____ Name/Position of Supervisor	_____ Name/Position of Supervisor	_____ Name/Position of Supervisor
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_____ Phone Number	_____ Phone Number	_____ Phone Number
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_____ E-mail Address	_____ E-mail Address	_____ E-mail Address
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_____ Your position	_____ Your position	_____ Your position
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Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_