



Application for Employment

Todos Juntos, 126 S Knott St. Canby, OR 97013
503-266-0192

Instructions: *Print clearly in black or blue ink. Answer all questions. Sign and date the form.*

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. We do not discriminate in staff, board, volunteers, volunteer committees, or recipients of services on the basis of a person's race, religion, sex, sexual orientation, age, national origin, ancestry, marital status, veteran status, or mental or physical disability, or any other status prohibited by applicable law.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			BIRTHDATE		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT #	CITY		STATE	ZIP
PERMANENT ADDRESS		APT #	CITY		STATE	ZIP
ARE YOU 18 YEARS OR OLDER?		HOME PHONE			CELL PHONE	
WORK PHONE		FAX		E-MAIL		

Are you a US citizen and/or legal to work in the United States? Yes or No

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
Are You Employed Now		If SO, WHERE?			
May we inquire of your current employer? Yes _____ No _____			DAYS/HOURS AVAILABLE		
Have you ever applied to this company before?				Where?	When?
Have you ever worked for this company before?				Where?	When?
Reason for leaving:					
Name of your last supervisor at this company					
Who referred you to this company?					



EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	DATES ATTENDED	DID YOU GRADUATE?	DEGREES EARNED
Elementary School				
Middle or Jr. High School				
High School				
College, University, or Trade School				
College, University, or Trade School				
College, University, or Trade School				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE & RANK

GENERAL INFORMATION about licenses, skills, hobbies, awards, areas of special interest etc.

REFERENCES – 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

Name	Address	Phone number	Business	Years Acquainted



EMPLOYMENT HISTORY

List information regarding your last three places of employment beginning with your present or last position.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		REASON FOR LEAVING	
SUPERVISOR			TITLE	PHONE
DESCRIPTION OF WORK & RESPONSIBILITIES				

PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		REASON FOR LEAVING	
SUPERVISOR			TITLE	PHONE
DESCRIPTION OF WORK & RESPONSIBILITIES				

PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		REASON FOR LEAVING	
SUPERVISOR			TITLE	PHONE
DESCRIPTION OF WORK & RESPONSIBILITIES				

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above, and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Date _____ Signature _____