



Oregon Community Programs

1170 Pearl St, Eugene, OR 97401  
Telephone: (541) 743-4340 Fax: (541) 743-4369  
Email: [employment@oregoncp.org](mailto:employment@oregoncp.org)

**NOTE:** Before you begin, please download and save this file to your computer. We suggest you save for your records and to make additional changes later. If you exit this application or close this program without saving, all changes will be lost.

- 1. DOWNLOAD THIS APPLICATION TO YOUR COMPUTER**
- 2. START THE APPLICATION**
- 3. CONFIRM AND ELECTRONICALLY SIGN**
- 4. SAVE**
- 5. ATTACH AND EMAIL TO:** [employment@oregoncp.org](mailto:employment@oregoncp.org)

**Electronic Signature**

By typing your name in the signature line and placing a check in the box, you agree that all statements you provided are true and any falsifying information could result in revocation of application.

Oregon Community Programs does not accept any responsibility for misdirected, lost or intercepted emails of information or the transfer of any viruses, Trojans or complications associated during electronic communications. By completing the application and submitting via email you agree to this policy. You may also fill in your information, print and deliver in person to OCP at 1170 Pearl Street, Eugene, OR 97401.

## Volunteer/Intern?

### OREGON COMMUNITY PROGRAMS

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Date \_\_\_\_\_

Position applied for \_\_\_\_\_

Are you bilingual in English/Spanish? \_\_\_\_\_

Where did you hear about the position? \_\_\_\_\_

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, creed, color, national origin, disability, sexual orientation, citizenship status, 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.

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

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

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.

This application is valid for 90 days.

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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 Oregon Community Programs. Should you be considered for this position, the references listed on this page will be contacted. Please make sure that all contact information is current.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name/Position of Supervisor

\_\_\_\_\_  
Name/Position of Supervisor

\_\_\_\_\_  
Name/Position of Supervisor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Your position

Date \_\_\_\_\_

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

Electronic Signature \_\_\_\_\_

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.