



Oregon Coast Community Action

Feed • House • Warm • Educate

APPLICATION FOR EMPLOYMENT (Please type or print clearly in ink)

Important Notice: ORCCA provides equal employment opportunities to all qualified persons without regard to race, color, national origin, religion, sex, gender, gender identity (including gender expression), sexual orientation, pregnancy, age, disability, injured worker status, marital status / familial status, veteran's status, genetic information or history, or any other protected status in accordance with local, state, and federal law. ORCCA makes employment decisions based on an individual's qualifications, ability to perform the job, overall contribution to ORCCA, and other non-discriminatory business factors and criteria, including at-will employment status, that may be permissible under applicable law. Please inform the Human Resources Department at 541-435-7090 or hr@orcca.us if you require an accommodation in order to participate in the application process.

PERSONAL INFORMATION

NAME			DATE OF APPLICATION	
LAST	FIRST	MIDDLE		
LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN		WOULD YOU LIKE TO LIST YOUR PREFERRED PRONOUN(S)? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, WHAT ARE YOUR PREFERRED PRONOUN(S):		
PRESENT ADDRESS				
STREET/UNIT NUMBER		CITY	STATE	ZIP
PHONE NUMBER		ALTERNATE PHONE NUMBER	EMAIL ADDRESS	
ARE YOU 18 YEARS OF AGE OR OLDER?		<input type="checkbox"/> No <input type="checkbox"/> Yes	ARE YOU AUTHORIZED TO WORK IN THE USA?	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	

EMPLOYMENT DESIRED

POSITION(S) AND LOCATION(S)	
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> No <input type="checkbox"/> Yes
HOW DID YOU HEAR ABOUT THIS POSITION?	
HAVE YOU WORKED FOR US BEFORE?	<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES, PLEASE INDICATE:	WHEN? _____ WHERE? _____
DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR US?	<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES, PLEASE INDICATE:	NAME _____ RELATIONSHIP _____
ARE YOU A CURRENT HEAD START PARENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes
ARE YOU A PAST HEAD START PARENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes

EDUCATION (Please attach copies of any degree and/or certificates. Verification of degree(s) is required)

SCHOOL LEVEL	DID YOU GRADUATE?	DIPLOMA/DEGREE/CERTIFICATION
HIGH SCHOOL	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In progress	
COLLEGE(S)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In progress	
OTHER:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In progress	
Are you currently enrolled in a Early Childhood Education, Family Development Credential, CDA, or related degree or credential program?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what program _____ <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool

SKILLS AND ABILITIES

Do you speak, write, or understand any other languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate language and level of proficiency:	Language: _____ Proficiency: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	Language: _____ Proficiency: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Do you hold any licenses, certifications, training, skills, experience, or awards which you feel make you especially suited for work at Oregon Coast Community Action? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify in space provided:	

FORMER EMPLOYERS (You must complete this page in full. The comment, "Please see resume", is not an acceptable response. Begin with your present or last job. Include any job related military service assignments and volunteer activities. If you have more than four past employers please print additional copies of this page.)

PRESENT OR LAST EMPLOYER				
ADDRESS				
STARTING DATE	LEAVING DATE	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	PHONE NUMBER
TERMINATION WAS	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS				
STARTING DATE	LEAVING DATE	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	PHONE NUMBER
TERMINATION WAS	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS				
STARTING DATE	LEAVING DATE	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	PHONE NUMBER
TERMINATION WAS	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS				
STARTING DATE	LEAVING DATE	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	PHONE NUMBER
TERMINATION WAS	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

PROFESSIONAL REFERENCES (Please list at least 1 professional reference)

1	NAME
PHONE NUMBER	
EMAIL	
CITY, STATE	
OCCUPATION	
YEARS KNOWN BY YOU	

2	NAME
PHONE NUMBER	
EMAIL	
CITY, STATE	
OCCUPATION	
YEARS KNOWN BY YOU	

PERSONAL REFERENCES (Please list at least 1 personal reference)

1	NAME
PHONE NUMBER	
EMAIL	
CITY, STATE	
OCCUPATION	
YEARS KNOWN BY YOU	

2	NAME
PHONE NUMBER	
EMAIL	
CITY, STATE	
OCCUPATION	
YEARS KNOWN BY YOU	

VERIFICATION AND SIGNATURE

We require that you read the information below and indicate your understanding and agreement to these terms by initialing each item and signing in the space provided. Your application will not be considered if the signature has been omitted. Electronic signatures are accepted. Furthermore, a photographic copy of this application will be considered the equivalent of the original and can be used as such.

_____ I authorize the investigation of all matters, which Oregon Coast Community Action (ORCCA) deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize ORCCA to request and receive such information and I release from all liability any persons (such as a current or former supervisors, coworkers, etc.), employers, or other entities (school, etc.) supplying it. I also release ORCCA from all liability, which might result from making the investigation.
 Initials _____

_____ I certify that all of the information given in this application and in any attachments, supporting documents or interviews is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
 Initials _____

_____ I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing. I authorize release of the results to ORCCA and their use to evaluate my suitability for employment. I also release ORCCA from all liability arising out of or connected with any examinations, inquiries and/or testing. Any offers made before a background check has been completed shall be expressly conditional upon successful completion of the Background check.
 Initials _____

_____ I understand that if I am to be employed for the South Coast Head Start Program and any administrative positions, that I must be enrolled in the Oregon Department of Early Learning and Care Central Background Registry. I understand that this is a requirement and must be completed before the first day of work. Enroll in the CCLD CBR at <https://www.oregon.gov/delc/providers/pages/cbr.aspx>
 Initials _____

_____ I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that the Executive Director of Oregon Coast Community Action is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, Oregon Coast Community Action may change, withdraw and interpret other policies (including wages, hours and working conditions), as it deems appropriate.
 Initials _____

_____ I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and any attachments or supporting documents.
 Initials _____

Signature: _____ Date: _____

Printed Name: _____

SUMISSION OF COMPLETED APPLICATION

1	Upload to ORCCA website at www.orcca.us/careers ; OR
2	Email to HR at HR@orcca.us ; OR
3	Mail to 1855 Thomas Ave, Coos Bay, OR 97420; OR
4	Drop off to any of our locations during normal business hours