



It is our policy to deal with all applicants and employees without regard to race, color, religion, sex, national origin, marital status, age, disability, or status as a Vietnam era or qualified disabled veteran.

Please inform the Human Resources Coordinator if you require an accommodation in order to participate in the application process.

Human Resources: 1855 Thomas Avenue, Coos Bay, OR 97420 ♦ Phone: 541-435-7090 ♦ Email: hr@orcca.us

APPLICATION FOR EMPLOYMENT (Please print clearly in ink)

IMPORTANT NOTICE: This is a very significant document. Be careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient. Do not print double sided.

Date: _____ Your Initials: _____

PERSONAL INFORMATION

NAME			DATE OF APPLICATION	
LAST	FIRST	MIDDLE		
LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN				
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 HEAD START PARENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes

EDUCATION (Please attach copies of any degree and/or certificates)

SCHOOL LEVEL	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE	DIPLOMA / DEGREE
HIGH SCHOOL			<input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE(S)			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience				

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:	_____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Do you hold any licenses, certifications 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:	

Do you have or anticipate any commitments to any other entity, business, or person that might affect your employment with us? No Yes

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				

PERFORMANCE OF JOB-RELATED FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMODATION?

- Yes
 No If "NO", please describe the functions that cannot be performed:

Note: We comply with the ADA, and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

PROFESSIONAL REFERENCES (Please list three professional references)

1	NAME	2	NAME	3	NAME
PHONE NUMBER(S)		PHONE NUMBER(S)		PHONE NUMBER(S)	
E-MAIL		E-MAIL		E-MAIL	
CITY		CITY		CITY	
OCCUPATION		OCCUPATION		OCCUPATION	
YEARS KNOWN BY YOU		YEARS KNOWN BY YOU		YEARS KNOWN BY YOU	

PERSONAL REFERENCES (Please list three personal references)

1	NAME	2	NAME	3	NAME
PHONE NUMBER(S)		PHONE NUMBER(S)		PHONE NUMBER(S)	
E-MAIL		E-MAIL		E-MAIL	
CITY		CITY		CITY	
OCCUPATION		OCCUPATION		OCCUPATION	
YEARS KNOWN BY YOU		YEARS KNOWN BY YOU		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 not accepted. Furthermore, a photographic copy of this application will be considered the equivalent of the original and can be used as such.

 Initials 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 (or will be) 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, generally 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 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.

Signature: _____ Date: _____

Printed Name: _____

APPLICATION CHECKLIST (Only complete applications will be considered)

- Cover Letter
- Application
- Resume
- Copy of Degree or Transcripts
- Copy of Certificates or Licenses

How to turn in the complete application?

1. Upload to ORCCA website; OR
2. E-Mail to hr@orcca.us; OR
3. Mail to 1855 Thomas Ave, Coos Bay OR 97420.

NOTICE TO ALL APPLICANTS: Per Federal and State requirements, all child care workers must be enrolled in the State of Oregon Child Care Division's Central Background Registry. This requirement must be satisfied before the first day of work. Enroll online or print the form at www.oregon.gov/occ.

For additional information, call (800) 556-6616 or (503) 947-1400.

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