



Employment Application

OCDC considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, OCDC complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. OCDC also provides “reasonable accommodations” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Personal			
Last Name	First Name	Middle Initial	Date
Street Address			Home Telephone
City, State, Zip			Cell Phone
Position Applying for:			Desired Wage
Have you ever worked for OCDC before? YES NO If yes: Month and Year _____ Location _____			Are you over 18? YES NO
When are you available to begin work?		Are you available to work: Full Time Part Time Shift Work Temporary	
Can you travel if the position requires it? YES NO		Will you work overtime if necessary? YES NO	

Are you a current or former Head Start Parent? YES NO

Are you able to legally work in the US? YES NO

As a condition of employment you will be required to produce original documents establishing your identity and authorization to work and to complete the US Immigration and Naturalization Service I-9 form.

Have you been convicted of a felony in the last 7 years? YES NO

If yes, please indicate the nature of the crime and outcome. Criminal convictions are not an absolute bar to employment but will be considered with respect to the specified job requirements of the job which you are applying. **As a condition of hire, OCDC requires all employees and other persons who are subject individuals to be enrolled in the Oregon Central Background Registry and that employment is subject to fingerprinting and criminal records check as required by ORS 181.537, and child protective services records check. It is the responsibility of the applicant to complete this process for employment consideration.**

Are you able to perform the essential functions of the position for which you are applying? YES NO

What, if any accommodations would be required? _____

Education

High School	Name and Location	Years Completed	Graduate	Degree Awarded	Area of Study
		1 2 3 4	Y N		
College/ Undergraduate	Name and Location:	Years Completed	Graduate	Degree Awarded	Area of Study
		1 2 3 4	Y N		
Graduate/ Professional	Name and Location:	Years Completed	Graduate	Degree Awarded	Area of Study
		1 2 3 4	Y N		

Describe any honors you have received: _____

Describe any specialized training, apprenticeship, skills, volunteer work and/or extra curricular activities:

List Professional, trade, business or civic activities and offices held:

(Please exclude any memberships that reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

Foreign Language

Please indicate any foreign languages you can speak, write and/or read

	Fluent	Good	Fair
Speak			
Read			
Write			

Military

Did you serve in the US Armed Forces:

YES NO

If yes, what Branch?

Describe any training received relevant to the position you are applying for:

Professional References

Name	Relationship	Years Known	Phone Number

Employment

(please list in chronological order, with most recent first)

Company 1	Company Name	Address	Telephone
	Name of Supervisor	May we contact?	Employment Dates FROM TO
	Job Title	Salary: START FINISH	
	Description of work performed:		
	Reason for leaving:		
Company 2	Company Name	Address	Telephone
	Name of Supervisor	May we contact?	Employment Dates FROM TO
	Job Title	Salary: START FINISH	
	Description of work performed:		
	Reason for leaving:		
Company 3	Company Name	Address	Telephone
	Name of Supervisor	May we contact?	Employment Dates FROM TO
	Job Title	Salary: START FINISH	
	Description of work performed:		
	Reason for leaving:		
Company 4	Company Name	Address	Telephone
	Name of Supervisor	May we contact?	Employment Dates FROM TO
	Job Title	Salary: START FINISH	
	Description of work performed:		
	Reason for leaving:		



Oregon
Child
Development
Coalition

PLEASE READ BEFORE SIGNING

I understand that OCDC will rely upon the information I have provided in this application and during my interview. I certify that I have had sufficient time to carefully fill out this application and the answers given herein are true and complete to the best of my knowledge and that my application does not contain any errors, omissions, misrepresentations, or any information which could be interpreted as misleading. I understand that any error, misrepresentation, omission or misleading information in my application or interview(s) could be grounds for termination of employment. I authorize the employers, schools, or persons named above to release to the agency all information regarding employment, character and qualifications, and agree to hold all persons harmless with respect to the information they may give, receive and publish.

I understand that nothing contained in this employment application creates a contract between OCDC and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon OCDC. If any employment relationship is established, I understand that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the agency or myself. I further understand that no representative of OCDC, other than the Executive Director, or Board of Directors, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing. I also understand that I am required to abide by all of the rules and regulations of OCDC.

Applicant Signature

Date