

AN EQUAL OPPORTUNITY/Affirmative Action Employer  
**APPLICATION FOR EMPLOYMENT**

The Child Center  
 3995 Marcola Road  
 Springfield, OR 97477

PLEASE PRINT OR TYPE

POSITION APPLIED FOR			DATE AVAILABLE	
LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER	
PRESENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)			BUSINESS OR MESSAGE PHONE	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: _____ NUMBER: _____			ARE YOU 18 YEARS OR OVER BUT LESS THAN 70? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN FULLY. NOTE: A criminal investigation check may be obtained from the Oregon State Police through Children's Services Division.			HAVE YOU PREVIOUSLY BEEN EMPLOYED BY The Child Center? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	

The agency shall retain the right to require a new employee to furnish a physicians statement to the effect of their physical fitness.

**SECTION II: ACADEMIC/VOCATIONAL PREPARATION**

Circle the highest grade completed (G.E.D. = Grade 12)    1    2    3    4    5    6    7    8    9    10    11    12

COLLEGE ATTENDED	LOCATION	MAJOR	DATE ATTENDED		CREDITS REC'D		DEGREE EARNED
			FROM MO/YR	TO MO/YR	SEM. HRS.	QTR. HRS.	

Trade schools, military schools, business colleges, special courses, special licenses or certificates pertinent to position applied for. All transcripts or certificates are subject to verification.

INSTITUTION	COURSE	DATES	HOURS	LICENSE/CERTIFICATE

List any school course or additional training, licenses, scholastic honors, or other qualifications which you believe have a bearing on your fitness for this position: \_\_\_\_\_

What office, accounting, or data processing machines can you operate? \_\_\_\_\_

Do you type? \_\_\_\_\_ Speed \_\_\_\_\_ Do you take shorthand? \_\_\_\_\_ Speed \_\_\_\_\_

**FOR PERSONNEL USE ONLY**    TEST: \_\_\_\_\_ SCORE: \_\_\_\_\_ PASSING SCORE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION III: EMPLOYMENT RECORD

BEGINNING WITH THE MOST RECENT, list the jobs held in the last ten years. Include any other experience related to the position for which you are applying and any volunteer work.

NAME AND ADDRESS OF EMPLOYER   NAME AND TITLE OF SUPERVISOR  PHONE:	DATES EMPLOYED (MO./YR.) FROM                      TO <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME SALARY <input type="checkbox"/> HR <input type="checkbox"/> BW <input type="checkbox"/> MO STARTING                      LAST	POSITION HELD: Describe in detail work performed, equipment operated skills employed.
NAME AND ADDRESS OF EMPLOYER   NAME AND TITLE OF SUPERVISOR  PHONE:	DATES EMPLOYED (MO./YR.) FROM                      TO <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME SALARY <input type="checkbox"/> HR <input type="checkbox"/> BW <input type="checkbox"/> MO STARTING                      LAST	POSITION HELD: Describe in detail work performed, equipment operated skills employed.
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MAY WE CONTACT ANY PREVIOUS/PRESENT EMPLOYER?    YES    NO   IF NO, WHICH? \_\_\_\_\_

REFERENCE* & TITLE (OR OCCUP.)	ADDRESS	PHONE	NATURE OF ASSOCIATION

\*References should not be related to you.

CERTIFICATE OF APPLICATION: I hereby authorize The Child Center to contact any sources to verify and obtain information in assessing my qualifications to include but not limited to past/present employers, law enforcement agencies, and references unless otherwise specified. I certify that there are no misrepresentations or falsifications on this application and am aware any misstatements may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction.

RESUME ATTACHED?

Yes    No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE