



Central Oregon Veterans Outreach

RESPECT • SUPPORT • ADVOCACY

EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

TYPE/PRINT IN INK: If you are employed by Central Oregon Veterans Outreach, Inc. this application will become part of your personnel record. An incomplete application will not be considered. Central Oregon Veterans Outreach makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance.

NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):

HOME TELEPHONE:

MAILING ADDRESS:

PHONE:

CITY, STATE AND ZIP CODE:

CELL:

E-MAIL ADDRESS:

JOB APPLYING FOR:

TODAY'S DATE:

WORK SCHEDULE

MARK PREFERENCE:

FULL TIME

PART TIME

TEMPORARY

DATE YOU CAN REPORT FOR WORK:

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH COVO?

IF YES, PLEASE LIST MONTH AND YEAR

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

LICENSE NO:

STATE OF ISSUE:

YES NO

Yes No

DATE OF BIRTH:

DO YOU HAVE ANY FAMILY MEMBERS THAT WORK FOR COVO?

IF YES, PLEASE LIST NAME, POSITION AND LOCATION:

HAVE YOU LIVED IN THE STATE OF OREGON FOR THE LAST FIVE (5) CONSECUTIVE YEARS?

YES NO

YES NO

IMMIGRATION AND NATURALIZATION SERVICE

IT IS THE POLICY OF CENTRAL OREGON VETERANS OUTREACH, INC. TO COMPLY WITH THE PROVISIONS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 AND TO HIRE ONLY AUTHORIZED WORKERS. IF YOU ARE HIRED, YOU WILL BE ASKED TO PROVIDE VERIFICATION OF YOUR WORK ELIGIBILITY. THE TYPE OF VERIFICATION REQUIRED MAY CHANGE FROM TIME TO TIME AS FEDERAL REGULATIONS ARE PROMULGATED OR AMENDED. THE EMPLOYMENT PROCESS WILL NOT CONTINUE IF YOU ARE UNABLE OR UNWILLING TO PROVIDE THE VERIFICATION REQUESTED BY COVO.

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

YES NO

JOB DESCRIPTION

PLEASE READ A JOB DESCRIPTION DETAILING THE ESSENTIAL FUNCTIONS AND DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING. ARE THERE ANY OF THESE FUNCTIONS OR DUTIES LISTED WHICH YOU WOULD BE UNABLE TO PERFORM? Yes No

EDUCATION/TRAINING HISTORY

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED CERTIFICATE? YES NO

LIST COLLEGES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOL ATTENDED

NAME OF SCHOOL	LOCATION OF SCHOOL	COURSE OF STUDY (LIST MAJOR)	GRADUATE (YES/NO)	DEGREE OR CERTIFICATE RECEIVED

LICENSE/REGISTRATION/CERTIFICATE

LIST ANY POSITION-REQUIRED PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATE, OREGON COMMERCIAL DRIVER'S LICENSE (CDL), ETC.

DESCRIPTION	STATE	NUMBER	EXPIRATION

REFERENCES

PRIMARY REFERENCES SHOULD BE WORK-RELATED, PREFERABLY SUPERVISORS, HOWEVER, PERSONAL AND EDUCATION-RELATED REFERENCES WILL ALSO BE ACCEPTED. PLEASE REFERENCE TYPE: WORK RELATED, PERSONAL, EDUCATION RELATED, ETC.) PLEASE LIST AT LEAST 3 REFERENCES.

REFERENCE 1:

NAME:	PHONE:	OCCUPATION:
		TYPE OF REFERENCE:

REFERENCE 2:

NAME:	PHONE:	OCCUPATION:
		TYPE OF REFERENCE:

REFERENCE 3:

NAME:	PHONE:	OCCUPATION:
		TYPE OF REFERENCE:

SPECIALIZED SKILLS AND KNOWLEDGE FOR THE JOB WHICH YOU ARE APPLYING

LIST ANY SKILLS OR KNOWLEDGE THAT SHOW YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING. ALSO LIST ANY VOLUNTEER WORK.

WORK HISTORY * A RESUME WILL NOT SUBSTITUTE**

LIST THE JOB(S), (PAID OR VOLUNTEER), THAT CLEARLY DESCRIBE ALL OF YOUR DUTIES, STARTING WITH YOUR MOST RECENT OR CURRENT JOB. USE ADDITIONAL SHEETS AS NEEDED.

JOB NUMBER 1:				
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS	MAY WE CONTACT? Yes No		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVG):	CURRENT/ENDING SALARY:
FROM (MONTH – YEAR)	TO (MONTH – YEAR)			
REASON FOR LEAVING:				
DUTIES: (List all duties you performed. No credit will be given if this Section is not completed)				
JOB NUMBER 2:				
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS	MAY WE CONTACT? Yes No		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVG):	CURRENT/ENDING SALARY:
FROM (MONTH – YEAR)	TO (MONTH – YEAR)			
REASON FOR LEAVING:				
DUTIES: (List all duties you performed. No credit will be given if this Section is not completed)				

JOB NUMBER 3:				
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS	MAY WE CONTACT? Yes No	SUPERVISOR'S NAME AND PHONE NUMBER		
YOUR JOB TITLE		TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVG.):	CURRENT/ENDING SALARY:
FROM (MONTH – YEAR)	TO (MONTH – YEAR)			
REASON FOR LEAVING:				
DUTIES: (List all duties you performed. No credit will be given if this Section is not completed)				
JOB NUMBER 4:				
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS	MAY WE CONTACT? Yes No	SUPERVISOR'S NAME AND PHONE NUMBER		
YOUR JOB TITLE		TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVG.):	CURRENT/ENDING SALARY:
FROM (MONTH – YEAR)	TO (MONTH – YEAR)			
REASON FOR LEAVING:				
DUTIES: (List all duties you performed. No credit will be given if this Section is not completed)				
HOW DID YOU LEARN ABOUT THIS POSITION? Craigslist Friend Newspaper				
Referred by COVO Employee/Volunteer: _____ Other: _____				
MILITARY EXPERIENCE (Please attach a copy of your DD-214, if applicable)				
BRANCH:		DATES OF SERVICE:		RANK:
DUTIES:				
CERTIFICATION AND SIGNATURE				
I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application, or in attached materials, will result in rejection of my application and denial of employment. I certify that all statements contained herein are true and complete whether made by me or others at my request. I understand that I must prove that I am authorized to work in the United States, if I am hired. I authorize the employing agency to verify the employment, references and education information provided on this employment application. I authorize my driving record be checked if the position for which I am applying requires driving. I understand and agree to be subjected to a criminal history background check. I agree to conform to the policies and procedures of Central Oregon Veterans Outreach, Inc, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Central Oregon Veterans Outreach, Inc. or myself.				
SIGNATURE (MUST BE IN INK)			DATE:	