



**Chehalem Youth & Family Services**

P.O. Box 636  
Newberg, OR 97132  
Tel.: 503-538-4874  
Fax: 503-538-1271

**Our Mission**  
Empower Youth and  
Families to Reach  
Highest Potential

# EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY. ALL APPLICANTS MUST COMPLETE ENTIRE APPLICATION.)

## AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Chehalem Youth & Family Services (CYFS) to select applicants on the basis of their qualifications and ability to perform the job. CYFS is committed to provide equal employment opportunity in accordance with applicable state and federal law. Please notify us if you need any accommodation or assistance with any part of our application process.

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

May we telephone you at your current employment? Yes  No

### GENERAL INFORMATION

Position Applied For: \_\_\_\_\_ Wages Desired: \_\_\_\_\_

When would you be available for work? \_\_\_\_\_

Have you ever been employed by this Agency before? Yes  No

Do you have family members employed by CYFS? Yes  No

Times you are available to work (check all that apply)? Full-time  Part-time  Temporary  On-call

Are you willing to work the evening shift? Yes  No  Graveyard shift? Yes  No  24-hour on-call? Yes  No

Describe any schedule limitations: \_\_\_\_\_

Do you have a current valid Oregon driver's license? Yes  No

Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
*(Employees must be insurable by the company insurance covering company vehicles.)*

Have you received any tickets in the last 3 years? \_\_\_\_\_ If yes, number of tickets: \_\_\_\_\_

Have you been involved in any "at fault" accidents in the last 3 years? \_\_\_\_\_ If yes, number of accidents: \_\_\_\_\_

Do you use tobacco? Yes  No  If yes, describe frequency of use: \_\_\_\_\_

Do you use alcohol/drugs? Yes  No  If yes, describe your use of alcohol/drugs: \_\_\_\_\_

Since the age of 18, have you been convicted of a misdemeanor or felony? Yes  No

*(Note: Stating "Yes" will not bar you from consideration for employment. Each conviction will be reviewed on its own merits with respect to time, circumstances and seriousness, along with all other information relevant to the work for which you have applied.)*

If YES, please explain: \_\_\_\_\_

**Drug Testing:** CYFS conducts pre-employment drug testing. Job offer is contingent upon a negative test result. If test results are positive, you must wait one year before re-submitting an application for reconsideration. CYFS also conducts random, post-accident and reasonable suspicion testing.

## EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS	COURSE/MAJOR	DIPLOMA/DEGREE/GPA	DATE
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
BUSINESS OR TRADE				
OTHER				

OFFICE MACHINES YOU OPERATE PROFICIENTLY:

COMPUTER APPLICATIONS YOU KNOW PROFICIENTLY:

Please summarize any skills, training, licenses, foreign language(s), youth related activities, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

## REFERENCES

List three non-relatives familiar with your qualifications, actual work history and abilities:

NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	PHONE

Why do you want to be considered for employment with Chehalem Youth and Family Services?

Are you able to perform the essential functions of the job for which you are applying?

Yes

No

Will you need special accommodations during the hiring process?

Yes

No

If yes, please indicate what may be done to accommodate you \_\_\_\_\_

Please use the space below to summarize any additional information necessary to describe your full qualifications: \_\_\_\_\_

## EMPLOYMENT

Please list your present and past work experience for the last 10 years beginning with your current job. You may include volunteer activity/positions and military service. Additional page(s) may be attached if necessary.

Name of Employer:		Phone:	
Address:	City:	State:	Zip:
Position:	Supervisor:	OK to Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Dates:	Rate of Pay:	Reason for Leaving:	
From:      To:	Start:      Final:		
Description of Duties:			

Name of Employer:		Phone:	
Address:	City:	State:	Zip:
Position:	Supervisor:	OK to Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Dates:	Rate of Pay:	Reason for Leaving:	
From:      To:	Start:      Final:		
Description of Duties:			

Name of Employer:		Phone:	
Address:	City:	State:	Zip:
Position:	Supervisor:	OK to Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Dates:	Rate of Pay:	Reason for Leaving:	
From:      To:	Start:      Final:		
Description of Duties:			

Name of Employer:		Phone:	
Address:	City:	State:	Zip:
Position:	Supervisor:	OK to Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Dates:	Rate of Pay:	Reason for Leaving:	
From:      To:	Start:      Final:		
Description of Duties:			

## INFORMATION CERTIFICATION

*Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask before signing.*

I certify that all answers and statements on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes  No

I will be responsible for familiarizing myself with all rules and regulations of Chehalem Youth and Family Services as they presently exist or are later modified. I recognize that if employed, my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either CYFS or myself.

Yes  No

I authorize all previous employers and supervisors, including all persons with and or whom I have worked, to give CYFS's representatives any and all information regarding my previous employment and me. I release CYFS, and all previous employer and supervisors from liability for any damages that may result from furnishing information to CYFS.

Yes  No

I understand that this application for employment is not a contract of employment. If I am employed by CYFS I agree to conform to the standards of conduct and performance, and the personnel policies of that organization.

Yes  No

I understand, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment, insurance documentation, driver's history, complete a screening tool, and criminal history check. Employment is contingent on completion and content of these as well as other considerations.

Yes  No

I have read, understand and agree with the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Note: This application is valid for one year from the date signed. If you would like to be considered for job openings more than one year from the date signed, you will need to submit a new application.***

<b>FOR CYFS OFFICE USE ONLY</b>		
DATE :	APPLICANT :	CYFS INTERVIEWER :
COMMENTS :		
DATE APPLICATION RECEIVED: _____ RESUME ATTACHED: Yes <input type="checkbox"/> No <input type="checkbox"/>		
REFERENCES CHECKED: _____		
1 <sup>ST</sup> INTERVIEW DATE: _____ 2 <sup>ND</sup> INTERVIEW DATE: _____		