



232 NW Sixth Avenue, Portland, Oregon 97209

### APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on the basis of race, color, national origin, religion, age, gender, sexual orientation, gender identity, source of income, workers' compensation history, veteran status, marital status, family relations status, mental or physical disability or any status protected under applicable local, state or federal nondiscrimination laws. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. No applicant will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

Any person needing reasonable accommodations in the application process should contact the Human Resources Department.

#### PERSONAL INFORMATION

DATE: \_\_\_\_\_

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

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

Mailing Address (If different): \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

From what source did you hear of this position? \_\_\_\_\_

#### EMPLOYMENT DESIRED – YOU CAN APPLY FOR TWO POSITIONS PER APPLICATION

Position 1: \_\_\_\_\_ Reference # \_\_\_\_\_ Date you Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Position 2: \_\_\_\_\_ Reference # \_\_\_\_\_

Have you ever been employed by Central City Concern before?  NO  YES Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you employed now?  NO  YES If so, may we inquire of your present employer?  NO  YES

If you are hired, can you provide proof that you are authorized to work in the United States?  NO  YES

Have you ever been convicted of a crime other than a minor traffic offense?  NO  YES

A conviction in itself does not bar employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

If yes, please list each conviction: \_\_\_\_\_

EDUCATION	Name and Location of School	# of Years Completed	Did you Graduate?	Subjects, Degrees, Certificates and/or Licenses Received
High School	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____			
College	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____			
Graduate School	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____			
Trade, Business or Correspondence School	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____			

Subjects of special study or research work: \_\_\_\_\_

Please list any other skills or specific software you have experience using that are job related: \_\_\_\_\_

**EMPLOYMENT**

List below your previous employers, starting with the most recent one first. Include and explain any periods of unemployment that lasted more than one month.

<b>1. Company:</b>	Supervisor's Name and Title:		
Address:	Street	City	State      Zip
Phone Number:	Employed From:	To:	Final Rate of Pay:
Position Held:	Reason for Leaving:		

<b>2. Company:</b>	Supervisor's Name and Title:		
Address:	Street	City	State      Zip
Phone Number:	Employed From:	To:	Final Rate of Pay:
Position Held:	Reason for Leaving:		

<b>3. Company:</b>	Supervisor's Name and Title:		
Address:	Street	City	State      Zip
Phone Number:	Employed From:	To:	Final Rate of Pay:
Position Held:	Reason for Leaving:		

<b>4. Company:</b>	Supervisor's Name and Title:		
Address:	Street	City	State      Zip
Phone Number:	Employed From:	To:	Final Rate of Pay:
Position Held:	Reason for Leaving:		

Are you able to perform essential functions of this job as described in the advertisement, announcement, job posting or interview process with reasonable or no accommodation?     NO     YES

**ADDITIONAL INFORMATION**

Please use the space below to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

***Please read carefully then initial, by hand or type through option, by each of the following statements.  
Sign your full name or use type through option at the bottom as acknowledgement***

Initial here If I am employed by Central City Concern, I will comply with all work-related requirements set forth by Central City Concern.

Initial here I understand that unless expressly informed otherwise, if hired I will be an “at will” employee and agree that the employment relationship can be terminated at any time, for any or no reason, with or without notice, by me or by Central City Concern.

Initial here I understand that no manager or representative of Central City Concern, except the Executive Director, will ever have any authority to create other than at-will employment or to enter into any employment contract and that all such contracts must be in writing and signed by the Executive Director and myself. I also understand that unless otherwise stated in an employment contract, Central City Concern reserves the discretion to change, withdraw or interpret policies, including wages, hours, shifts or working conditions.

Initial here I agree that, if requested, I must pass a pre-employment physical exam and/or pre-employment drug screen and I understand that Central City Concern reserves the right to test employees for drugs and/or alcohol if reasonable suspicion of use exists.

Initial here I authorize Central City Concern to run a criminal or other background check. I understand that a criminal record will not necessarily disqualify me from employment.

Initial here I authorize Central City Concern to conduct a thorough investigation of all statements contained herein or information provided during the application process, including all references listed, my employment record, education, and all other matters relating to my suitability for employment. I authorize the references I have listed to give Central City Concern any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility Central City Concern, its agents, and all persons, companies or corporations providing information to Central City Concern about me.

Initial here I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge, if hired.

Applicant’s Signature \_\_\_\_\_ / / Date signed

**HIRING SUPERVISOR/ MANAGER: *Please complete the following information***

START DATE	POSITION	PERCENTAGE	HOURLY WAGE or SALARY
Hiring Supervisor/Manager’s Signature		Program Director’s Signature	