

Our House of Portland

Application for Employment

Our House of Portland is an Affirmative Action/Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on the basis of race, color, sex, sexual orientation, religion, creed, age, national origin, citizenship status, physical or mental disability, veteran's status or any other status protected under applicable local, state or federal non-discrimination law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. Any person needing reasonable accommodation in the application process should so indicate.

People of color, women, LGBTQ individuals and people living with HIV are strongly encouraged to apply.

PERSONAL INFORMATION

Date:

Social Security Number:

Name: _____

Last

First

Middle

Present Address:

Street

City

State

Zip

Mailing Address (if different):

Street

City

State

Zip

Phone No:

Message Phone No.:

Referred By:

EMPLOYMENT DESIRED

Position:

Date You

Can Start:

Salary

Desired:

Are You Employed Now?

If So, May We Inquire
of Your Present Employer?

Have You Ever Been Employed by Our House of Portland Before?

When?

Have You Ever Applied to Our House of Portland Before?

When?

If you are hired, can you provide proof that you are authorized to work in the United States?

Yes

No

Have you been convicted of a crime other than a minor traffic offense that has not been sealed or expunged? (A conviction in itself does not bar employment.)

Yes

No

If yes, please explain

EDUCATION

| | Name and Location of School | Circle Last Year Completed | Did You Graduate? | Subjects Studied and Degree(s) Received |
|---|-----------------------------|----------------------------------|---|--|
| High School | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate School | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade, Business or Correspondence School | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Subjects of special study or research work:

Please list any other skills, licenses or certificates that are job related:

License #

State:

Do you have a valid driver's license?

Yes

No

State

Driver's License No.:

EMPLOYMENT: List most recent job first. Include all jobs, military service and periods of unemployment lasting more than one month. Please indicate employers you would not wish to be contacted.

| Date Month and Year | Name, Address and Telephone Number of Employer. Indicate Last Supervisor | Position | Reasons for Leaving |
|------------------------|---|----------|---------------------|
| 1 From | | | |
| To | | | |
| 2 From | | | |
| To | | | |
| 3 From | | | |
| To | | | |
| 4 From | | | |
| To | | | |
| 5 From | | | |
| To | | | |
| 6 From | | | |
| To | | | |

PERSONAL REFERENCES: Provide the names of 3 persons (**other than relatives or previous employers**) whom you have known at least one year.

| Name | Address and Telephone Number | Business and Occupation | Years Acquainted |
|------|------------------------------|----------------------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please describe your ability to perform the type of work for which you are applying:

Please review and initial each statement, and sign your name below:

_____ If I am employed by Our House of Portland, I will comply with all work-related requirements set forth by Our House.

_____ I authorize investigation of all information provided during the application process and any references to give Our House 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 Our House, its agents and all persons, companies or corporations providing information to Our House about me.

_____ I hereby acknowledge that I have read and understand the above statements. 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

Applicant's Printed Name