## TRI-COUNTY CWMA

## **Application for Employment**

Tri-County CWMA provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position									
Position Applying For	А	Available Start Date Desired Pay							
Personal Infor	mation								
Name									
Address		City			State	Zip			
Phone Number	one Number Mobile Number		Email Address						
Are you able, at the time of (Proof of identity will be rec			fication of your	r legal right to work in t	he United States	s? Y	es D No D		
Education List any colleges, military, trade, business or other schools attended.									
Do you have a high school d	iploma or GED Certifi	cate?	Yes D No D						
School Name		Location		Diploma/Degree	Major/Minor		Did you Graduate?		
		_							
			List any professional license, registration, or certificate required or preferred for the position.						
Туре		ls	ssuing Agency		Date Issued		Date Expires		

EMPLOYMENT HISTORY								
This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space,								
attach a separate sheet. Employer (1)	Job Title		Dates Employed					
Address	City		State			Zip		
Supervisor Name F		Phor			May we cor	ntact?		
Reason for leaving					165	NO		
Duties								
Employer (2)		J	Job Title		Dates Employed			
Address	City		State		Zip			
Supervisor Name		Phor	Phone Number		May we contact? Yes No			
Reason for leaving					100	110		
Duties								
Duties								
						•		
				1				

## **Certification & Signature**

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature:	Date: