



**Application for Employment**  
 St. Vincent de Paul, Portland Council  
 8101 SE Cornwell St., Portland, OR 97206  
*An Equal Opportunity Employer*

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, ancestry, age, veteran status, citizenship, marital status and the presence of a medical condition, disability or other characteristic protected by state or federal law. *Please complete all sections to the best of your knowledge.*

<b>Position(s) Applying For:</b>	Date of Application
How did you hear about this opening? <input type="checkbox"/> Media Posting <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Neighbor.org <input type="checkbox"/> Professional <input type="checkbox"/> Association <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s) Home (     )		E-mail Address
Cellular (     )		

Are you legally eligible for employment in the US? Yes  No  (If yes, verification will be required.)

Are you of the legal age to work? Yes  No  On what date would you be available to work? \_\_\_/\_\_\_/\_\_\_

Are you available to work: Full Time  Part Time  On-Call  Temporary

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? Yes  No  If no, describe functions that can't be performed. (Note: We comply with ADA and applicable state laws, and consider reasonable accommodations that may be necessary for eligible applicants/employees to perform essential job functions.)

**Availability**

Specify Hours Available Each Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Have you ever been employed with us before? Yes  No  (If yes, give date \_\_\_/\_\_\_/\_\_\_)

Do you have any friends or relatives working for us, if so state name and relationship:

Are you currently on "lay-off" status and subject to recall? Yes  No

**Desired Wage/Salary**

\$ \_\_\_\_\_ Per Hour, OR \$ \_\_\_\_\_ Annual

**EDUCATION**

(Transcripts/Certifications may be required)

	High School	Undergraduate College/University	Graduate College/University	Professional/Other
School Name and Location				
Years Attended				
Diploma/Degree				
Course of Study				
Specialized training, apprenticeships, extra-curricular activities, etc.				
Honors Received				

**Special Skills and Qualifications**

Summarize special job-related skills, qualifications or training acquired from employment or other experience.

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**WORK HISTORY**

Start with present or last job. Include any job-related military service and/or volunteer activities. You may exclude organizations that would indicate race, color, religion, gender, sexual orientation, national origin, ancestry, age, veteran status, citizenship, marital status or the presence of a medical condition, disability or other characteristic protected by state or federal law. If you need additional space, please continue on a separate piece of paper, or enclose your resume.

1.

Job Title	From (date)	To (date)	Reason for Leaving
Employer	Duties Performed		
Address			
City & State	ZIP Code		
Phone			
May we contact your current employer?			
Supervisor Name			

2.

Job Title	From (date)	To (date)	Reason for Leaving
Employer	Duties Performed		
Address			
City & State	ZIP Code		
Phone			
Supervisor Name			

3.

Job Title	From (date)	To (date)	Reason for Leaving
Employer	Duties Performed		
Address			
City & State	ZIP Code		
Phone			
Supervisor Name			

**List foreign language(s) you can speak, read and/or write**

	Proficiency Level				
	1 - Basic	2 - Limited	3 - Working	4 - Professional	5 - Native Speaker
SPEAK					
READ					
WRITE					

**List professional, trade, business or civic activities and offices held.** (You may exclude organizations that might indicate race, color, religion, gender, sexual orientation, national origin, ancestry, age, veteran status, citizenship, marital status or the presence of a medical condition, disability or other characteristic protected by state or federal law. If you need more space, continue on a separate sheet.)

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Have you ever had any job-related training in the United States military? Yes  No  If yes, please describe.

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### PERSONAL REFERENCES

List names, addresses, and telephone numbers of three references not related to you and not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### PREEMPLOYMENT SCREENING POLICY

This organization is committed to providing a safe, efficient, and productive workplace. Accordingly, any offer of employment is conditional, and is contingent upon the applicant successfully completing a pre-employment screening for drugs and alcohol, and a criminal background check. After a conditional offer is made, the prospective employee may be required to disclose in writing information about criminal and/or arrest history. All offers of employment are contingent upon successful completion of this screening process prior to starting work.

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

\_\_\_\_\_  
Date

### APPLICANT'S CERTIFICATION

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application as may be deemed necessary by the employer to reach a decision.

This employment application shall be considered active for a period not to exceed ninety days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct, unless such change is specifically acknowledged in writing by the Executive Director of this organization.

I understand that **St. Vincent de Paul, Portland Council**, may obtain certain public records containing information about me during the course of its consideration of my application for employment.

*(Check one below.)*

I waive my right to receive a copy of any public records containing information about me.

I do not waive my right to receive a copy of any public records containing information about me.

In the event of employment, I understand that any false or misleading information given in my interview(s), application or accompanying materials may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date