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				A	vailable Start Date	Desired Pay			
Personal Infor	matic	n n							
Name	matic	ווכ							
			1						
Address			City			State	State Zip		
Phone Number	Mobile Number			Email Addre	SS				
Are you able, at the time of (Proof of identity will be req				fication of you	r legal right to work in	the United State	es? Y	res D No D	
Education List any colleges, military, trade, business or other schools attended.									
Do you have a high school diploma or GED Certificate? Yes D No D									
School Name			Locat	tion	Diploma/Degree	Major/Mind	Did you Graduate?		
Certificates & Licenses			List any professional license, registration, or certificate required or preferred for the position.						
Туре		Issuing Agend				Date Issued	d	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.	Job Title		Datas Employed					
Employer (1)	Job Title		Dates Employed					
Address	City		State			Zip		
	- ',							
Supervisor Name		Phor	ne number		May we con	ntact?		
					Yes No			
Reason for leaving								
Duties								
Employer (2)		Jo	Job Title		Dates Employed			
	1							
Address	City	St	State		Zip			
Cupaniaar Nama	Dr		hone Number					
Supervisor Name F			Priorie Number		May we contact? Yes No			
					I E2 INO			
Reason for leaving								
Duties								
						,		

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: