

Indicate languages you speak, read and/or write:

Indicate skill level with the following initials: (FL)-Fluent / (G)-Good / (FR)-Fair

LANGUAGE	(1)	SKILL	(2)	SKILL	(3)	SKILL
SPEAK						
READ						
WRITE						

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal race, color, religion, gender, age, national origin, marital status, disability, sexual orientation, and/or any other status protected under federal, state and/or local law.)

REFERENCES:

Provide name and telephone number of three (3) references who are not related to you and are not a previous employer. PROVIDE E-MAIL ADDRESSES IF AVAILABLE.

Are you a Veteran of the U.S. Military service? Yes No

If Yes, which branch? _____

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

Government contractors are subject to 38 SC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative actions to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signature

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status. **NOTE: This page MUST be completed**

Employer	Telephone	Start Date		End Date	
		Month	Year	Month	Year
Address	City	State	Nature of Work		
Job Title					
Supervisor					
Reason for Leaving					
Employer	Telephone	Start Date		End Date	
		Month	Year	Month	Year
Address	City	State	Nature of Work		
Job Title					
Supervisor					
Reason for Leaving					
Employer	Telephone	Start Date		End Date	
		Month	Year	Month	Year
Address	City	State	Nature of Work		
Job Title					
Supervisor					
Reason for Leaving					
Employer	Telephone	Start Date		End Date	
		Month	Year	Month	Year
Address	City	State	Nature of Work		
Job Title					
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

	High	College/University	Graduate/Professional
School Name and State			
Years Completed / Degree	9 10 11 12 (Please circle)	1 2 3 4 (Please circle)	1 2 3 4 (Please circle)
Degree Awarded	YES NO (Please circle)	YES NO (Please circle)	YES NO (Please circle)
Major / Degree			

Describe honors received, specialized training, apprenticeship, skills and extra-curricular activities: (State any additional information you feel may be helpful to us in considering your application.) _____

APPLICANT EMPLOYMENT AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation, which becomes known to St. Mary's Home for Boys' will be cause for termination.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give St. Mary's Home for Boys' representatives, any and all information regarding me and my previous employment. I release St. Mary's Home for Boys and all previous employers and supervisors from all claims, liabilities and damages that may result from furnishing information to St. Mary's Home for Boys.

I understand, if selected, an offer of employment will be contingent upon the results of the Criminal History Request which is processed through the Oregon Department of Human Services and further requests if applicable. An offer of employment may also be contingent upon a clear Motor Vehicle Report and/or job related physical if required for a specific position.

I further understand I will be required to provide proof of my identity and my legal right to work in the United States upon employment with St. Mary's Home for Boys.

If hired, I agree to conform to the instructions, rules and policies of St. Mary's Home for Boys. I understand that my employment and compensation can be terminated at any time with or without cause and with or without notice, at the option of either St. Mary's Home for Boys or me subject to the established personnel policies. I understand that no representative of St. Mary's Home for Boys other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date