



Deschutes Children's Foundation

Application For Employment

Deschutes Children's Foundation considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, sexual orientation, or any other status protected under applicable law.

(Please print legibly)

Date of Application _____

Position(s) applied for _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Cell No. _____

If employed, can you produce verification of your legal right to work in the United States? (Statement of such proof will be required after employment) Yes _____ No _____

Can you perform the essential functions of the position you are applying for, with or without reasonable accommodation? Yes ___ No ___

On what date would you be able to start work? _____

Are you available to work - Full Time _____ Part Time _____ Temporary _____

Have you been convicted of a felony, or a crime involving theft, dishonesty or a minor? Yes ___ No ___
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Have you ever been terminated or asked to resign from a job? Yes _____ No _____

If yes, please explain (include name of employer and date of termination):

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Educational Record

Last High School Attended and number of years completed:

	1	2	3	4
Junior College				
Major / Field				
No. of Years Completed				
Degree(s)				

College or University	Major / Field	No. of Years Completed	Degrees

Post Graduate Degrees (if any): _____

List all other experience/training relevant to the job you are seeking (list on separate paper if needed): _____

Employment Experience

Start with your present or last job and work backwards. If you need additional space, please continue on a separate sheet of paper.

1. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Ending _____
Work Performed _____

2. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Ending _____
Work Performed _____

3. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Ending _____
Work Performed _____

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4. Employer _____ Telephone _____
 Address _____
 Job Title _____ Supervisor _____
 Reason for Leaving _____
 Dates Employed: From _____ To _____
 Hourly Rate/Salary: Starting _____ Ending _____
 Work Performed _____

Special Skills & Qualifications _____

References

References (individuals willing to provide professional and/or character references, other than family and relatives).

Name _____ Telephone _____

Address _____ Known How Long? _____

Name _____ Telephone _____

Address _____ Known How Long? _____

Name _____ Telephone _____

Address _____ Known How Long? _____

I authorize investigation of all statements contained in this application. I understand that falsification, omission, or misrepresentation of any fact called for in this application will result in immediate termination or removal of my application from consideration. I authorize Deschutes Children's Foundation to obtain information about my experience from the employers and references listed in this application and I release those parties from any liability that might arise from supplying information in response to a request from DCF.

Initial _____

If I am employed by DCF, I agree to conform to the rules and regulations of DCF. I also agree and understand that wages, hours, and working conditions are subject to change by DCF, at any time with or

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without notice. I understand that my employment with DCF would be “at will,” which means that it can be terminated at any time, with or without reason or notice by DCF, or myself. Initial_____

I certify that I have read and I understand the foregoing. I also certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature_____ Date_____

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