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 DATE OF APPLICATION

Oregon Pacific Chapter APPLICATION FOR EMPLOYMENT

The Oregon Pacific Chapter of the American Red Cross is an Equal Opportunity Employer. We comply with all local, state and federal laws and appropriate affirmative action executive orders. We do not discriminate against any person in employment, treatment, or participation in our programs and benefits on the basis of age, sex, race, color, national origin, veteran status, religion, marital status, mental or physical disability, or other protected status.

THE APPLICATION FOR EMPLOYMENT MUST BE COMPLETED IN FULL EVEN IF RESUME IS ATTACHED
 Please print clearly

APPLICANT INFORMATION

Name _____			
Last	First	Middle	
Address _____			
Mailing	City	State	Zip Code
Telephone _____			
Home	Business	Message/Cell Phone	
Social Security Number _____		How long have you lived in the area? _____	
Have you ever worked for the American Red Cross? If so, which Chapter? _____			

POSITION INFORMATION

Position(s) applying for _____	
Date you could start _____	Acceptable wage _____
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Temporary-dates _____ to _____	
Oregon valid driver's license and number if driving is required for position: License Number _____	

EDUCATION/TRAINING

Schools	Name & Address	Subject or Major Studied	Number of Years	Did you complete training or did you graduate?	Diploma, Degree or Certificate?
High School	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe

College	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe

College	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe

Other related courses or training:					

OFFICE SKILLS

<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> E-Mail
<input type="checkbox"/> 10 key _____ dpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Printers
<input type="checkbox"/> Windows	<input type="checkbox"/> Access	<input type="checkbox"/> Other Software _____
<input type="checkbox"/> Data Entry	<input type="checkbox"/> PowerPoint	_____
<input type="checkbox"/> Personal Computers	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Other skills _____
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Copiers/Fax	_____

TRADE AND TECHNICAL SKILLS

List skills such as equipment, tools, training programs, or any other qualifications that have a direct reflection on the position(s) applied for:

EMPLOYMENT BACKGROUND FOR PAST 5 YEARS-ADDITIONAL EMPLOYERS OR VOLUNTEER WORK MAY BE ATTACHED

May we contact your current employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last or present employer		Your Title:	
Address		Supervisor:	
City/State/Zip		Telephone:	
Date of employment	<input type="checkbox"/> Full-time	Starting wage	Final wage
From _____ to _____	<input type="checkbox"/> Part-time _____ hrs/week	\$ _____	\$ _____
Job Duties			
Reason for leaving or desiring to leave			
Next formal employer		Your title:	
Address		Supervisor:	
City/State/Zip		Telephone:	
Date of employment	<input type="checkbox"/> Full-time	Starting wage	Final wage
From _____ to _____	<input type="checkbox"/> Part-time _____ hrs/week	\$ _____	\$ _____
Job Duties			
Reason for leaving			
Next formal employer		Your title:	
Address		Supervisor:	
City/State/Zip		Telephone:	
Dates of employment	<input type="checkbox"/> Full-time	Starting wage	Final wage
From _____ to _____	<input type="checkbox"/> Part-time _____ hrs/week	\$ _____	\$ _____
Job Duties			
Reason for leaving			
Next formal employer		Your title:	
Address		Supervisor:	
City/State/Zip		Telephone:	
Dates of employment	<input type="checkbox"/> Full-time	Starting wage	Final wage
From _____ to _____	<input type="checkbox"/> Part-time _____ hrs/week	\$ _____	\$ _____
Job Duties			
Reason for leaving			

WORK REFERENCES

Name and Company	Relationship	Telephone	Years Known
1.		()	
2.		()	
3.		()	

REFERRED BY

Register Guard
 Internet
 Other newspaper/journal
 Other _____

After reviewing the position summary of the job for which you are applying, can you perform all of the functions listed?
 Yes No
 If "No" to the above, please identify any functions of the job which you are unable to perform and describe how you might be able to perform the job with reasonable accommodations:

CERTIFICATION OF APPLICANT

Please read carefully before signing. I hereby certify that the statements made on this *Application for Employment* (and any attachments submitted by me) are true without material omission to the best of my knowledge and agree to have any of the statements verified by the Oregon Pacific Chapter of the American Red Cross.

I realize that for the Oregon Pacific Chapter and its personnel to make a knowledgeable decision as to my being hired, they must check with previous employers and in the future may be asked to give references to other employers. I consent and authorize the Oregon Pacific Chapter of the American Red Cross and its personnel;

- To ask any or all of my former employers for information concerning me, whether favorable or unfavorable, knowing that a complete answer is important to my being hired, and
- To give information regarding my employment by the Oregon Pacific Chapter of the American Red Cross to other employers who may request it. I therefore release all parties and persons connected with any request for information from all claims, liability and damages for whatever reason arising out of furnishing this information.
- To consent to DMV and Criminal Records Check.

I understand my employment is contingent upon proof of identity and verification of eligibility of employment in the United States, in accordance with the Immigration Reform and Control Act of 1986.

By signing below, I am affirming the statements I have made in this application, plus any additional written or oral information I have provided, such as in a resume or an interview, are true, and that I have not omitted anything about myself which might be important to the Oregon Pacific Chapter in deciding whether to hire me. I understand any false statement, misrepresentation or material omission is sufficient grounds for the Oregon Pacific Chapter to reject this application, or to terminate my employment without further consideration.

If I am hired, I understand that I am free to resign at anytime, and without prior notice. The Oregon Pacific Chapter of the American Red Cross reserves the right to terminate my employment at any time, without prior notice. This application is not intended to be an agreement or a contract of employment.

This *Application for Employment* will be active for the duration of the job posting for which I have applied.

I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Signature _____ Date _____

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