



APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: Terwilliger Plaza, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, race, color, national origin, age, religion, marital status, sexual orientation, gender identity, gender expression, disability, or veteran status.

GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____ (2) _____

Referral Source The Oregonian Newspaper Plaza Employee Craig's List Employment Agency
 Internet Search Career fair Plaza Website Walk-in Other (be specific) _____

Name

Last

First

Middle

Address

Number

Street

City

State

Zip

Home Telephone

(_____) _____

E-mail address

Cell Phone (_____) _____

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time On-Call Temporary Shift: Day Evening Night Weekend

When are you available for work? _____

Are you able to perform the essential functions of the job applied for which are identified on the attached job description with or without accommodation? Yes No

If these tasks can be performed only with accommodation, how would you perform the tasks, and with what accommodation, please explain:

Have you ever been arrested, charged or convicted of a crime? No Yes

If yes, please explain:

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS

Check off those computer skills with which you are proficient (any version).

Microsoft Word
 Microsoft Excel
 Microsoft Access
 Microsoft PowerPoint
 Internet
 Microsoft Publisher
 Web Page Design/
Maintenance
 E-mail
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a valid driver's license? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL)

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

TRADE SKILLS (Only for positions which require these skills)

Electrician
 HVAC
 Inspector
 Building Maintenance
 Landscape

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Complete this section in full. (Required). Resumes may be included but are not a substitute for the information required below. Provide at least 5 years of paid and unpaid work history beginning with your present or most recent job. Describe each job separately and completely.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address City State	Supervisor's Name and Telephone #	
Job Title	Last Annual Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address City State	Supervisor	
Job Title	Last Annual Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address City State	Supervisor	
Job Title	Last Annual Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name

Name

Position

Position

Company

Company

Address

Address

Telephone

Telephone

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WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Oregon Department of Human Resources as an Agent for Terwilliger Plaza Inc., to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

NOTIFICATION AND AUTHORIZATION TO CONDUCT PRE-EMPLOYMENT DRUG SCREENING

Pre-employment drug screening is required for all positions. I understand that I may be required to submit to urinalysis test for the presence of drugs and/or alcohol. I may ask to see copies of the Plaza's alcohol and drug policy if I have any questions. I agree to such inquires and/or testing at the Plaza's expense. I authorize release of the results to Plaza, and their use to evaluate my suitability for employment. I also release the Plaza from all liability arising out of or connected with any inquires and/or testing.

I understand and agree that if I am hired all statements in this application will become a part of my employment relationship. I have read all the waivers and disclosures above. I have also reviewed all of the information provided in this application and in any attachments and supporting documents. Yes No

Signature

Date

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Terwilliger Plaza, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, race, color, national origin, age, religion, marital status, sexual orientation, gender identity, gender expression, disability, or veteran status.

Terwilliger Plaza, Inc. is a tobacco-free community.

**Thank you for applying to Terwilliger Plaza, Inc.
 APPLICANT DATA RECORD**

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The information requested on this card is needed to comply with state and federal statistical record keeping requirements only. Submittal of this information is strictly voluntary and no adverse treatment will result should you choose not to provide it. This information will be kept confidential and separate from the Application for Employment.

Positions(s) applied for:

Name

Last

First

Middle

Maiden

Address

Number

Street

City

State

Zip

Telephone (_____) _____

Referral Source	Check one	Check one	
<input type="checkbox"/> The Oregonian Newspaper <input type="checkbox"/> Plaza Employee <input type="checkbox"/> Craig's List <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet Search <input type="checkbox"/> Career fair <input type="checkbox"/> Plaza Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (be specific) - _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	

Signature: _____
Date _____