



**Employment Application**  
<http://sabincdc.org>

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ May we call you at work?  Yes  No

Have you worked for us before?  Yes  No Are you 18 or older?  Yes  No

Position(s) Applied for: 1. \_\_\_\_\_ Expected Pay Rate \_\_\_\_\_

2. \_\_\_\_\_ Expected Pay Rate \_\_\_\_\_

**IMPORTANT:** Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.

**EQUAL EMPLOYMENT OPPORTUNITY:** It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, sexual orientation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.  
Family And Medical Leave Act poster: <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>

**When are you available to work? Check shifts and days you can work:**

(We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times: \_\_\_\_\_

**Are you authorized to accept employment in the United States?**  Yes  No

(Successful applicants will be required to prove identity and eligibility for employment)

**RELATIVES/FRIENDS:** Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives/friends (roommates, board members, etc.) who currently work for us, or are affiliated with us in anyway?  Yes  No

If yes, state name (s): \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**QUALIFICATIONS:** Please list any education, training, and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

**DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING**

Name, city, and state of the degree/program/military branch/specialty/etc. and awards received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a High School Diploma or GED?  Yes  No If yes please attach.

**EMPLOYMENT EXPERIENCE:** Please account for **ALL** periods of employment by month/year, including any self-employment and U.S. military service. *If there is more, please attach on a separate page.*

**Present or Last Employer**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Phone \_\_\_\_\_ Date Left \_\_\_\_\_ Final Pay \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Phone \_\_\_\_\_ Date Left \_\_\_\_\_ Final Pay \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Phone \_\_\_\_\_ Date Left \_\_\_\_\_ Final Pay \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Phone \_\_\_\_\_ Date Left \_\_\_\_\_ Final Pay \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Phone \_\_\_\_\_ Date Left \_\_\_\_\_ Final Pay \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**CRIMINAL RECORD:**

(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered. Do not list any arrest, charge or detention that did not result in conviction or any arrest, charge, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.)

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Are you involved in any pending COURT, or UNRESOLVED legal issues?       Yes  No

If Yes Please give details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any crime other than traffic violations?       Yes  No

If Yes Please give details: \_\_\_\_\_

\_\_\_\_\_

DRIVING POSITIONS: (Answer only if driving is an essential function of the job.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations in the past three years?

Yes  No

If Yes Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VERIFICATION AND SIGNATURE:**

1. I authorize the investigation of all matters, which Oregon Coast Community Action (SABIN CDC) deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize SABIN CDC to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.), employers, or other entities (schools, etc.) supplying it. I also release SABIN CDC from all liability, which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at SABIN CDC's expense. I authorize release of the results to SABIN CDC and their use to evaluate my suitability for employment. I also release SABIN CDC from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that the Executive Director of Oregon Coast Community Action is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, Oregon Coast Community Action may change, withdraw and interpret other policies (including wages, hours and working conditions), as it deems appropriate.
5. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and any attachments or supporting documents.  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

--Unsigned or incomplete applications will not be processed.--

**No electronic signatures accepted.**



# Criminal History Background Check

Sabin CDC requires that all new employees and applicants for positions complete a Criminal History Background investigation from which hiring is contingent upon. Please complete the following:

**SUBJECT INFORMATION: All information is REQUIRED.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued In: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent(s) Full Name(s) \_\_\_\_\_ City of Birth \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

Other places lived in during the past 10 years (cities, states, counties):

City	State	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*"I the above request that my records be sent to my employer listed below."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

--Unsigned or incomplete applications will not be processed.--

**No electronic signatures accepted.**

**--OFFICE USE ONLY--**

Criminal Background Check  
Background Investigations  
[info@biinc.com](mailto:info@biinc.com)  
Fax # (503) 639-0160  
Phone # (503) 639-6000  
Date Sent/How: \_\_\_\_\_

Driving Background Check  
Patty Gaines  
[PGaines@FullertonCo.com](mailto:PGaines@FullertonCo.com)  
Fullerton & Company  
Phone: (503) 546-7215  
Date Sent/How: \_\_\_\_\_

Check Other States Listed: (√) Yes ( ) No ( ) Not Applicable

**Please Send the Completed Report To:**

Sabin CDC  
1488 N.E. Alberta Street  
Portland, OR 97211 | (503) 287-3496