

# Application for Employment

Friends of the Children—Klamath Basin  
3837 Altamont Drive  
Klamath Falls, OR 97603

Please Print

Position Applied For \_\_\_\_\_

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

EEO Statement: *Friends of the Children* considers all applicants for employment without regard to race, color, gender, age, national origin, disability, sexual orientation, religion or veteran status. In addition, *Friends of the Children* complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. If you require a reasonable accommodation to participate in the pre-employment process, please advise the organization's representative of your requested accommodation.

Name \_\_\_\_\_

Referred by \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Alternate Phone No. ( ) \_\_\_\_\_

Address: Street \_\_\_\_\_

City State Zip Code

Have you been employed by any of our chapters before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired .. \_\_\_\_\_ Full-time  
..... \_\_\_\_\_ Part-time

Will you be able to perform all the essential functions of this job in a reasonable and safe manner with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in full below or on a separate sheet of paper, and attach to the application. Disclosure of conviction will not necessarily result in denial of employment.

---

---

---

---

## Educational Background

Schooling	Name and Location of School	Areas of Specialization	Years Completed	Did You Graduate?	Degree
High School			1__ 2__ 3__ 4__	Yes___ No___	
College or Technical School			1__ 2__ 3__ 4__	Yes___ No___	
Graduate School			1__ 2__ 3__ 4__	Yes___ No___	
Correspondence Course(s)			No. of Months:		
Business College or Trade School			No of Months:		

## Skills, Qualifications, Certifications, Licenses, and Related Training

Summarize special skills, qualifications, certifications, licenses and related training acquired from employment or other experiences that may qualify you for work with our organization (attach an additional sheet if necessary):

---



---



---



---



---

## References (Please list three professional references)

Name	Relationship to Applicant	Dates Known	Address	Telephone Number
1.				
2.				
3.				

## Employment History (Please list your last three employers)

From:	To:	Present or Last Employer:	Telephone:
Your Starting Position:		Address:	
Current/Ending Position:		Starting Salary: \$ _____ per _____.	Ending Salary: \$ _____ per _____.
Supervisor's Name:	Summarize the nature of work performed and job responsibilities:		
Telephone No:			
May we contact this employer? Y___ N___		Reason for leaving:	
From:	To:	Present or Last Employer:	Telephone:
Your Starting Position:		Address:	
Ending Position:		Starting Salary: \$ _____ per _____.	Ending Salary: \$ _____ per _____.
Supervisor's Name:	Summarize the nature of work performed and job responsibilities:		
Telephone No:			
May we contact this employer? Y___ N___		Reason for leaving:	
From:	To:	Present or Last Employer:	Telephone:
Your Starting Position:		Address:	
Ending Position:		Starting Salary: \$ _____ per _____.	Ending Salary: \$ _____ per _____.
Supervisor's Name:	Summarize the nature of work performed and job responsibilities:		
Telephone No:			
May we contact this employer? Y___ N___		Reason for leaving:	

## Applicant Consent to Drug Testing

Thank you for your interest in employment with *Friends of the Children*. We have a strong commitment to provide a workplace free of alcohol and illegal drugs. It is our intention to provide a healthy and safe workplace for all of our employees as well as maintaining an environment conducive to excellent service to our many constituencies: children, their families, coworkers, community partners, donors and vendors. In keeping with this commitment, we have a policy prohibiting illegal drugs and alcohol in the workplace.

A condition of employment with *Friends of the Children* is successful completion of drug testing performed on samples of urine provided by the candidate. These samples are tested for the presence of drugs that may be illegal or adversely affect job performance.

Please read and sign the consent section below. Only completed applications, including the signed consent forms, will be considered for employment. Your signature below signifies your consent to provide necessary samples at a designated facility, consent to have such samples tested for the presence of drugs, and authorizes the release of test results to the designated representative for its sole use in evaluating you for employment.

## Please Read Before Signing

I certify that all information provided on this application and all attachments is true and complete. I understand that any offer of employment will be contingent upon my submitting to and successfully passing a drug test, reference checks and a criminal background check. I release *Friends of the Children* and the testing laboratory from any and all liability and claims incident to such sample collection, testing and use of test results associated with my drug test. I consent to and authorize *Friends of the Children* to request any information concerning my current and/or previous employment and educational history and release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such information. If I am employed, I understand that if anything proves contrary to what I have stated or any material information is omitted on this Application for Employment, my employment will be terminated. I understand that if hired, I will be required to produce documents on my first day of employment that verify my identity and legal authorization to work in the United States. I understand that my employment with the organization is not for a specified term, and that my employment or compensation may be terminated at any time by either myself or the organization, with or without cause or notice.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

*Friends of the Children* is an equal opportunity employer and does not discriminate on the basis of race, color, gender, age, national origin, disability, sexual orientation, religion or veteran status.