



EMPLOYMENT APPLICATION

HUMAN RESOURCE OFFICE
 110 NE 4th STREET
 HERMISTON, OR 97838
 PHONE: (541) 564-6878 FAX: (541) 564-6879
 1-800-559-5878
 www.umchs.org

DISABILITIES	EQUAL EMPLOYMENT OPPORTUNITY	DRUG-FREE WORKPLACE
<p>Important: Applicants with disabilities may request reasonable accommodations 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.</p>	<p>It is our policy to seek and employ the best qualified employees and to provide equal opportunity for the advancement of employees and to administer all of our employment policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, disability, on-the-job-injuries, sexual orientation, or any other legally protected status.</p>	<p>UMCHS is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.</p>

Position Applied For:		Today's Date:
Date Available:	Expected Pay:	Social Security No. (If hired, you must have or obtain a Social Security number for payroll purposes)
Last Name	First Name	Initial
Mailing Address	City	State Zip
Primary Telephone Number	Alternate Telephone Number	Email Address

<p>When are you available for work? (We will attempt to reasonably accommodate employees which require certain hours or days off because of religious beliefs or practices.) Check shifts and days you <u>can</u> work.</p> <p><input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Rotating <input type="checkbox"/> On-Call</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sunday</p>	<p>If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

RELATIVES/FRIENDS: Qualified relatives/friends are eligible for employment except unusual situations where we need to avoid possible conflicts of interest. **Do you have any relatives who currently work for us?**
 Yes No If yes, state name (s): _____

Are you a current/former Head Start parent?
 Yes No

Are you a current/former participant in any of UMCHS' programs (WIC, Healthy Families, etc.)?
 Yes Which One/s? _____ No

How did you learn about this position? UMCHS Website State Employment Agency Newspaper Advertisement
 Indeed Referral from Staff _____ Other: _____

EDUCATION

School Type	Graduated (Dates Not Required)	
High School/GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree (s): _____	Early Childhood Education Credits: _____	
(Please submit a copy of college transcripts with application)		
Other Education (i.e. CDA, Certificates, etc): _____		

SKILLS/CERTIFICATIONS

Computer: <input type="checkbox"/> Microsoft Office <input type="checkbox"/> Email <input type="checkbox"/> Computer Software Programs _____	<input type="checkbox"/> ORO Step Registry Number (1-10): _____ (If applicable, please submit a copy of your certificate)
Current: <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Food Handler's	<input type="checkbox"/> Current Office of Childcare Central Background Registry Registry # _____ Expiration Date: _____
Do you speak, read, and write another language fluently in addition to English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other language (s) do you speak, read, and write? Please specify: _____	

EMPLOYMENT HISTORY

Please account for all periods of employment by month/year, including any self-employment and military service. (Attach another sheet if more space is needed.) ****A resume will not substitute for completing this section of the application.****

Current or Most Recent Employer	Phone Number	Dates Employed From: _____ To: _____	
Address	Supervisor	Starting Pay	Final Pay
Job Title: _____ Job Duties: _____		Reason for Leaving	

Previous Employer	Phone Number	Dates Employed From: _____ To: _____	
Address	Supervisor	Starting Pay	Final Pay
Job Title: _____ Job Duties: _____		Reason for Leaving	

Previous Employer	Phone Number	Dates Employed From: _____ To: _____	
Address	Supervisor	Starting Pay	Final Pay
Job Title: _____ Job Duties: _____		Reason for Leaving	

Have you ever been terminated (or quit because you believed that you might be terminated) at an employer's request? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify employer and explain circumstances: _____ _____	
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ADDITIONAL INFORMATION:

Please explain why you are interested in this position and how you meet the minimum qualifications as stated in the job description. You may attach a separate sheet if needed.

PROFESSIONAL/ PERSONAL REFERENCES:

NAME AND ADDRESS	PHONE: RELATIONSHIP:
NAME AND ADDRESS	PHONE: RELATIONSHIP:
NAME AND ADDRESS	PHONE: RELATIONSHIP:

NOTICE TO APPLICANT

DRIVING: Many of our positions REQUIRE the ability to drive for agency business and/or operate an agency vehicle. Prior to an official offer of employment, UMCHS will obtain a motor vehicle record (MVR) for the past three (3) years in order to ensure driving eligibility.

CRIMINAL HISTORY: Please be aware that all positions require background checks and possible FBI fingerprinting for criminal activity. The applicant must complete the Oregon Office of Childcare form CBR-601. You can either apply online or fill out and mail, the link to the online application is under Step 2 of the Application Process on our website. Applicants must be registered prior to hire.

VERIFICATION, AUTHORIZATION AND SIGNATURE

I authorize the investigation of all matters which UMCHS deems relevant to my qualifications for employment, including all information given in this application and in my attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc) or persons (such as current supervisors, coworkers, etc.) supplying it. I also release you from all liability which might result from making the investigation.

I certify that all of the above information given in this application and in any attachments, supporting documents or interviews is (or will be) true, complete and accurate to the best of my knowledge. I understand and agree that any falsification, misinterpretation 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.

I understand and agree 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. **IMPORTANT: This means that with very few exceptions an employee will be required to submit to testing in several different circumstances. Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions.** I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of my results to UMCHS and their use to evaluate my suitability for employment. I also release UMCHS from all liability arising out of or connected with any examinations, inquiries and/or testing.

I understand and agree that I may resign or be terminated, with or without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand and agree that the Executive Director 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 and agree that unless otherwise stated in a written employment contract, UMCHS may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

This application will only be considered for 1 year. I understand that if I have not been hired within this time period and still wish to be considered for employment, I must complete a new application.

I understand and agree that if I am hired the statements in this paragraphs will become a binding part of my employment relationship. I have read (or had read to me in a language I understand) each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes No

Signature: _____ Date: _____

Unsigned or incomplete applications will not be considered.

FOR OFFICE USE ONLY

Screened: _____

Hired: Yes Notified _____

Interviewed: Yes

No Letter Sent: _____

No Letter Sent: _____

Other possible positions to be considered for:

Applicant Affirmative Action Program Voluntary Self-Identification Form

Umatilla-Morrow Co. Head Start, Inc. Is an Equal Opportunity Affirmative Action Employer

Anti- Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race. Completion of this data is VOLUNTARY and will not affect your opportunity for employment, or terms or conditions of employment. This form will be kept separate from all other personnel records only accessed by the Human Resources Department.

NAME: _____ TODAY'S DATE: _____

POSITION APPLIED FOR: _____

GENDER (Please check one of the options below)

Male Female

RACE/ETHNICITY:

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify (as defined by the Equal Employment Opportunity Commission)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment |
| <input type="checkbox"/> Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam |
| <input type="checkbox"/> Black or African American | A person having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Hispanic/Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> White or Caucasian (Not Hispanic or Latino) | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| <input type="checkbox"/> Two or more races (Not Hispanic or Latino) | All persons who identify with more than one of the above five races. |
| <input type="checkbox"/> I prefer not to answer | |