

Application for Employment

Position(s) for Which
You Are Applying

CGM Program Manager- Coos

Name _____

Other Names Used _____ Social Security Number _____ — —

Home (Street) Address _____ City _____ State _____ ZIP _____

How Long at Current Address _____ Year(s) _____ Month(s) Email Address at Which We May Contact You _____

Please List Your Other Addresses, if any, in the Last Seven (7) Years:

Home Telephone () _____ Other Telephone at Which We May Contact You () _____

Employment History:

Dates of Employment (Begin with most recent)

From _____ to _____ Employed by: _____

Supervisor: _____ Address and Phone Number: _____

Reason for Leaving _____ Voluntary ___ or Involuntary ___ May we contact This Person/Firm? ___ Yes ___ No

Positions Held;
Responsibilities _____

From _____ to _____ Employed by: _____

Supervisor: _____ Address and Phone Number: _____

Reason for Leaving _____ Voluntary ___ or Involuntary ___ May we contact This Person/Firm? ___ Yes ___ No

Positions Held;
Responsibilities _____

From _____ to _____ Employed by: _____

Supervisor: _____ Address and Phone Number: _____

Reason for Leaving _____ Voluntary ___ or Involuntary ___ May we contact This Person/Firm? ___ Yes ___ No

Positions Held;
Responsibilities _____

Please attach a Resume`

Education:

School/Institution Name & Address (City & State are Sufficient)

Nature of Studies

Degree/Certificate Obtained

School/Institution Name & Address (City & State are Sufficient)	Nature of Studies	Degree/Certificate Obtained

Other Relevant Experience:

References:

Name of Reference

Address

Daytime Phone

Beginning w/ Area Code

How long have you
known this person?

Nature of Relationship

Name of Reference	Address	Daytime Phone Beginning w/ Area Code	How long have you known this person?	Nature of Relationship

Have you ever been convicted of a felony?

Yes _____ No _____

If yes, please explain the circumstances:

In order for us to be able to process your application, please review and initial each of the statements below:

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. _____

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application. _____

I understand and agree that my employment relationship with this organization is an “at-will” relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization’s at-will policy.) _____

This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult this organization’s EEO policy.) _____

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements. _____

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Applicant’s Signature: _____

Date: _____

Witness Signature: _____

Date: _____