



EMPLOYMENT APPLICATION

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

POSITION APPLYING FOR _____
EXACT TITLE AS SHOWN ON JOB ANNOUNCEMENT

This entire application must be completed and returned by email to hr@csc.gen.or.us or mailed or delivered to CSC/HR 545 SW 2nd St., 2nd floor, Corvallis, Oregon 97333 by 5:00 p.m. on the closing date listed on the job announcement. If applying for more than one position, complete an application for each position. Photo copies are acceptable but each must be signed and dated individually. If submitting electronically, a signature will be required if an interview is offered. Job status notification will be via email whenever possible.

NAME _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME TELEPHONE _____ MESSAGE/CELL NUMBER _____

*EMAIL ADDRESS _____

If required for this position, do you have a valid OR driver's license ? (yes or no)

**Used for communicating job status with applicant whenever possible.*

EDUCATION AND TRAINING

List below all education and training, full or part-time, that you want to be considered. List seminars attended, especially those pertinent to the position for which you are applying. Experience directly related to the position can be helpful as well volunteer experience. You may attach a resume *but only information on the application will be considered during the initial screening process to determine minimum qualifications.*

NAME AND LOCATION OF INSTITUTE	TITLE OF COURSE OR DEGREE PROGRAM	No. of credits received.			CERTIFICATES, DEGREES, ETC. EARNED
		SEMESTER HOURS	QTR. HOURS	CLOCK HOURS	
High school or GED					
College or other					

List any special skills, abilities, or interests as they relate to the position for which you are applying.

EMAIL COMPLETED APPLICATION TO hr@csc.gen.or.us orMail or deliver to the CORVALLIS office: CSC/HR 545 SW 2ND Street, 2nd floor, Corvallis, OR 97333

CSC LOCATIONS

BENTON COUNTY
545 SW 2nd St., 2nd floor
Corvallis, OR 97333
541-752-1010**LINN COUNTY**
250 Broadalbin SW, 2A
Albany, OR 97321
541-928-6335**LINN COUNTY**
380 Market Street
Lebanon, Or 97355
541-451-1071**LINCOLN COUNTY**
120 NE Avery
Newport OR 97365
541-265-8505**HEAD START-Lincoln Co.**
845 NW A Street
Toledo, OR 97391
541-336-2651

RELEVANT JOB EXPERIENCE

List below only experience related to the position for which you are applying. Begin with your most recent experience. You may include intern or volunteer work as well as full-time or part-time employment. Resumes may be attached, however, only information contained on this application will be used to determine minimum qualifications.

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
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YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT MIONOR TRAFFIC VIOLATIONS)? YES NO

If yes, please attach a summary of details. It is the practice of CSC to conduct criminal background checks. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

As part of the application process, I have been provided with the job description and requirements for this position. I certify that I have reviewed and understand each requirement (for example, ability to lift 40 pounds) and that I am capable of meeting each and every requirement with or without reasonable accommodation.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation is cause for cancellation of the application and/or dismissal from employment. I authorize Community Services Consortium to make any necessary and appropriate investigations to verify the information contained herein.

DATE

SIGNATURE OF APPLICANT

AFFIRMATIVE ACTION SURVEY

This section is optional, will be separated from the application and will not be used in any way in the employment process. In accordance with federal guidelines for Equal Employment Opportunity, Community Services Consortium personnel are required to keep records which include identification of job applicants by race/ethnic background, age, gender and disability status.

NAME _____ GENDER FEMALE
 MALE DATE OF BIRTH _____

POSITION APPLYING FOR AND ITS LOCATION _____ CSC Job No. _____

VETERAN YES NO

DISABILITY STATUS

Are you considered disabled as defined by the department of Health, Education and Welfare? YES NO

RACE/ETHNICITY – Check all that apply

- 01 American Indian/Alaskan Native
- 02 Asian
- 03 Black/African
- 04 Hawaiian Native/Pacific Islander
- 05 White
- 06 Hispanic/Latino

The information requested below will be used to evaluate our recruiting methods.

How did you find out about this position?

Read about the position in the newspaper
Which newspaper? _____

Heard about it from someone
Who? _____

Saw it posted
Where? _____

Other (please explain) _____

Referred by organization or agency
Agency name _____