



555 Court St NE, Suite 5230  
 Salem, OR 97301  
 (503) 588-2424

Cherriots accepts applications only for specific available positions. This application is valid only for the following position:

\_\_\_\_\_ (list specific position applied for)

If offered position, length of time needed before starting position: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

FOR OFFICE USE ONLY:

# \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

Complete all sections fully and accurately. Resumes may be attached only for additional information. They may not be substituted for any portion of this application. An incomplete application will not be considered.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred Contact Method: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you 18 years of age or older: ( ) Yes ( ) No (State Law requires work permits for those age 14-17)

**Education and Training**

Do you have a high school diploma or GED certificate? ( ) Yes ( ) No

College, Military, Trade, Business or other Schools Attended:

Name and Location	Type of Training or Major	Number of Hours Completed	Did you Graduate?	Certificate Diploma/ Degree

## Work Experience

List names of employers in consecutive order with present or last employer listed first. **Account for all periods of time including military service.** If self-employed, give firm name and supply business references. If this is not enough space to provide this information, please attach additional sheets.

Employer: _____	Address: _____
Job Title: _____	
Start Date: _____	Leaving Date: _____
	Supervisor's Name: _____
	Supervisor's Title: _____
Phone: _____	May we contact? ( )Yes ( ) No
Reason for Leaving: _____	
Your Responsibilities: _____	

Employer: _____	Address: _____
Job Title: _____	
Start Date: _____	Leaving Date: _____
	Supervisor's Name: _____
	Supervisor's Title: _____
Phone: _____	May we contact? ( )Yes ( ) No
Reason for Leaving: _____	
Your Responsibilities: _____	

Employer: _____	Address: _____
Job Title: _____	
Start Date: _____	Leaving Date: _____
	Supervisor's Name: _____
	Supervisor's Title: _____
Phone: _____	May we contact? ( )Yes ( ) No
Reason for Leaving: _____	
Your Responsibilities: _____	

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? ( )Yes ( ) No Supervisor's Title: \_\_\_\_\_

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

Your Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? ( )Yes ( ) No Supervisor's Title: \_\_\_\_\_

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

Your Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? ( )Yes ( ) No Supervisor's Title: \_\_\_\_\_

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

Your Responsibilities: \_\_\_\_\_

## Skills and Abilities

Describe skills, abilities, foreign languages, etc. which will assist in evaluating your qualifications for the position for which you are applying:


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### ACKNOWLEDGEMENT

By my signature placed below, I affirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Cherriots if I should be convicted of any crime while my job application is pending, or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application and any other materials I have attached. I agree to sign Cherriots' "Applicant's Authorization to Release Information" form and authorize Cherriots to contact my present employer, past employers, and any other person or entity with knowledge of me, and that I may be subject to finger printing and a criminal records check as required by Oregon law.

I also understand and agree to the following:

1. If I am offered employment with Cherriots, this offer may be contingent upon my successful completion of a post-offer, pre-employment physical which includes a blood, urine and/or other medical tests for drugs and controlled substances. If I am actually employed by Cherriots I agree to abide by Cherriots' Drug and Alcohol Policy and submit to drug and alcohol testing if required. I consent to the release to Cherriots any and all medical information, including drug test results, as may deemed necessary by Cherriots in judging my capability to do the work for which I am applying.
2. If I am offered employment by Cherriots, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by Cherriots, to meet the Immigration Reform and Control Act requirements.
3. I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, subject to Cherriots policies and rights provided by written contract. I understand that no person is authorized to change any of the terms mentioned in this employment application form.
4. The accuracy of records furnished by the Oregon State Police or Federal Bureau of Investigation may be challenged only in accordance with the rules and procedures of those agencies. A determination that an applicant's own criminal history should not disqualify the applicant may be challenged under the District's Policy 307.0.

I understand that if I fail to comply with any of the requirements set forth above, an offer of employment will be rescinded or my employment will be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Cherriots

## Applicant's Authorization

### To Release Information

My employers (both current and past) and their supervisors and managers, education institutions and those to whom inquiry is made about me are authorized to give Cherriots any and all information including opinions concerning my employment and any other pertinent information they may have about my professional abilities and accomplishments and personal traits and characteristics in order to assess my capacity for success and achievement at Cherriots. I authorize Cherriots to obtain criminal history information from the Oregon State Police and the FBI to the extent authorized by law. I authorize Cherriots to obtain information about me from such third parties as Cherriots may see fit to contact. I release and agree to hold harmless all persons or entities from liability for any and all claims that could be alleged related in any way to furnishing information to Cherriots. I also release Cherriots and all of its agents, officials, employees, contractors, and insurers from all liability in any way related to gathering and relying upon the information furnished. I authorize Cherriots to obtain such information confidentially, and I agree that Cherriots may maintain the confidentiality of such information, and may not be required to disclose it to me or to any other person at my request. I understand that such information will constitute a "public record" which is exempt from public disclosure to the full extent provided by Oregon law.

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Applicant's Name (please print)

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Applicant's Signature

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Date

## Affirmative Action Supplement

Completion of this section is **VOLUNTARY**. The information you provide on this supplement will be utilized by the Human Resources Office for Affirmative Action purposes only.

Cherriots 555 Court St NW, Suite 5230 Salem, OR 97301 (503) 588-2424	Name: _____  Position Applied For: _____
SEX: <input type="checkbox"/> Male  <input type="checkbox"/> Female	DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No  (A person with a disability, as defined by law, is any person who has a physical and/or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.)

### RACE/ETHNIC STATUS

- WHITE (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ASIAN (Not Hispanic or Latino): 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 and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino): 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 recognition.
- TWO OR MORE RACES (Not Hispanic or Latino): A person who identifies with two or more race/ethnic categories named above.

We are interested in how you found out about this employment opportunity. Please indicate below the resources you used.

- | <u>Newspapers</u>                          | <u>Websites</u>                                | <u>Other Sources</u>                             |
|--|--|--|
| <input type="checkbox"/> Statesman Journal | <input type="checkbox"/> Cherriots.org Website | <input type="checkbox"/> Walk-in                 |
| <input type="checkbox"/> The Oregonian     | <input type="checkbox"/> CareerBuilders.com    | <input type="checkbox"/> Employee Referral       |
| <input type="checkbox"/> Register-Guard    | <input type="checkbox"/> Craigslist.org        | <input type="checkbox"/> Jobs Available          |
| <input type="checkbox"/> Asian Reporter    | <input type="checkbox"/> Jobdango.com          | <input type="checkbox"/> Passenger Transport     |
| <input type="checkbox"/> El Hispanic News  | <input type="checkbox"/> TransitTalent.com     | <input type="checkbox"/> State Employment Office |
| <input type="checkbox"/> Portland Observer |  | <input type="checkbox"/> Other _____             |

**AN EQUAL OPPORTUNITY EMPLOYER**

## VETERANS' PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate.

If you believe you are entitled to a preference, please attach supporting documentation (see below).

### **A. QUALIFIED VETERAN QUESTIONS:**

**You may claim eligibility for the veterans' preference if you (check any that apply):**

- Served on active duty with the Armed Forces of the United States for more than 90 consecutive days beginning on or before January 31, 1955, and were discharged or released under honorable conditions;
- Served on active duty with the Armed Forces of the United States for 178 or more consecutive days beginning after January 31, 1955, and were discharged or released from active duty under honorable conditions;
- Served on active duty with the Armed Forces of the United States for 178 days or less and were discharged or released from active duty under honorable conditions because of a service-connected disability;
- Served on active duty with the Armed Forces of the United States for 178 days or less and were discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs;
- Served on active duty with the Armed Forces of the United States for at least one day in a combat zone and were discharged or released from active duty under honorable conditions;
- Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and were discharged or released from active duty under honorable conditions; and/or
- Are receiving a nonservice-connected pension from the United States Department of Veterans Affairs (USDVA).

**In support, provide proof of eligibility by submitting a copy of your Federal DD-214 or 215 (other official documents showing discharge / release from active duty under honorable conditions will be considered).**

### **B. QUALIFIED DISABLED VETERAN QUESTIONS:**

**You may claim eligibility for the additional disabled veterans' preference if (check any that apply):**

- You are entitled to disability compensation under laws administered by the USDVA;
- You were discharged or released from active duty was for a disability incurred or aggravated in the line of duty; or
- You were awarded the Purple Heart for wounds received in combat.

**In support, provide proof of eligibility by submitting: [A] a copy of your Federal DD-214 or 215 (will consider other official documents showing active duty discharge / release under honorable conditions) and [B] proof of disability compensation rating, discharge / release due to disability, or Purple Heart.**

Print name: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date: \_\_\_\_\_