



APPLICATION FOR EMPLOYMENT

Ecumenical Ministries of Oregon, 245 S Bancroft St. Suite B, Portland, OR 97239
Phone (503) 221-1054 | EMOregon.org | emo@emoregon.org

Ecumenical Ministries of Oregon (EMO) is an equal opportunity employer and, as such, considers individuals for employment according to their abilities and performance. People of color, women, LGBTQ individuals, and people living with HIV are encouraged to apply. Employment decisions are made without regard to race, age, religion, color, sex, national origin, sexual orientation, gender identity, physical or mental disability, marital or veteran status, or any other classification protected by law. All employment requirements mandated by state and federal regulations will be observed.

No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by law.

- Applications are considered only for the position listed on the application. General applications are not accepted.
- A separate application is required for each position applied for.
- Supplemental questions for the specific position applied for must be submitted with the application.
- Interviews are given on a competitive basis, using job-related factors, after a properly completed application is received and reviewed.
- Full and complete answers are required. Attach additional sheets as needed in order to give full and complete answers. Incomplete applications will not be considered.

Position Applying for _____ **Date** _____

Referral Source

Advertisement (website or publication such as Indeed, Mac’s List): _____

Employee Referral Walk-in School Relative/Friend Private Employment Agency Employment Division

Full Name _____
First Middle Last

Preferred Name (if different from above) _____

Address _____
Street City State ZIP Code

Phone _____ Alternate Phone _____

Email _____

Pronouns (optional): she/her/hers he/him/his they/them/theirs Other: _____

I am 18 years of age or older: Yes No If no, can you provide proof of eligibility to work? Yes No

Have you been employed by Ecumenical Ministries of Oregon in the past? Yes No

If yes, give dates and title(s): _____

EDUCATION

Highest level completed: High School/GED Some College Bachelor's Degree Graduate Degree

High School	Name: _____ Location: _____ City State	Diploma Received: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade Point Average (GPA): _____
College/University	Name: _____ Location: _____ City State	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ GPA: _____ Area of Study: _____
College/University	Name: _____ Location: _____ City State	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ GPA: _____ Area of Study: _____
Other Education	Name: _____ Location: _____ City State	GPA: _____ Detail study and accomplishment: _____ _____

EMPLOYMENT HISTORY

- List all work experience, paid or unpaid, beginning with your current or most recent job.
- Please attach additional pages if necessary.
- All previous employers (listed or not), may be contacted in the course of a reference and background check.

Dates of Employment	Name of Employer:	Supervisor's Name:
From: _____ Month / Year	Address:	Supervisor's Title:
To: _____ Month / Year	Telephone:	Supervisor's Phone:
Your Title:		
Reason for leaving or considering a change:		
Your Duties:		

EMPLOYMENT HISTORY (CONTINUED)

Dates of Employment	Name of Employer:	Supervisor's Name:
From: _____ Month / Year	Address:	Supervisor's Title:
To: _____ Month / Year	Telephone:	Supervisor's Phone:
Your Title:		
Reason for leaving or considering a change:		
Your Duties:		
Dates of Employment	Name of Employer:	Supervisor's Name:
From: _____ Month / Year	Address:	Supervisor's Title:
To: _____ Month / Year	Telephone:	Supervisor's Phone:
Your Title:		
Reason for leaving or considering a change:		
Your Duties:		
Dates of Employment	Name of Employer:	Supervisor's Name:
From: _____ Month / Year	Address:	Supervisor's Title:
To: _____ Month / Year	Telephone:	Supervisor's Phone:
Your Title:		
Reason for leaving or considering a change:		
Your Duties:		

REFERENCE INFORMATION

List information for three references not already listed as supervisors in the work history portion of the application. References listed here should be work or academic references who are not related to you. We may contact previous employers, persons and organizations listed on this application and others not listed on the application in conducting a reference and background check.

Reference Name _____ Position _____ Employer _____ City, State _____ Telephone _____	This person was/is my: <input type="checkbox"/> Supervisor <input type="checkbox"/> Coworker <input type="checkbox"/> Other If other, specify: _____ For _____ years, _____ months Best times to reach this person: _____ Email _____
Reference Name _____ Position _____ Employer _____ City, State _____ Telephone _____	This person was/is my: <input type="checkbox"/> Supervisor <input type="checkbox"/> Coworker <input type="checkbox"/> Other If other, specify: _____ For _____ years, _____ months Best times to reach this person: _____ Email _____
Reference Name _____ Position _____ Employer _____ City, State _____ Telephone _____	This person was/is my: <input type="checkbox"/> Supervisor <input type="checkbox"/> Coworker <input type="checkbox"/> Other If other, specify: _____ For _____ years, _____ months Best times to reach this person: _____ Email _____

Please read the following carefully before signing this application.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment, or, if hired, for dismissal from employment.

I authorize Ecumenical Ministries of Oregon (hereafter, EMO) to investigate the truthfulness of all statements made on this application including reference and criminal history checks. I further authorize EMO to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment, and release such persons and former employers from liability for providing such information. I release EMO and all previous employers, supervisors and other persons contacted, from liability for any damages that may result from furnishing information to EMO. I understand that, if hired, I will be required to provide identification in accordance with U.S. Immigration and Naturalization service requirements.

In consideration of my employment, I agree to conform to the instructions, rules and policies of EMO. I understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either myself or EMO. I consent to post-job offer, pre-employment testing for the presence of illegal drugs in my system. I understand that no representative of EMO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signed _____

Date _____