

CENTRO LATINOAMERICANO

Employment Application

*Serving the Latino Community since 1972*

**Applicant Instructions**

Please complete all sections of the employment application. **We only accept applications for specific job openings**. Please contact the Executive Director at 541-687-2667 if you have any questions about this form.

Please be sure you have reviewed our list of open positions before completing an application.

PLEASE NOTE: Your application will not be considered unless every question in this section is answered.

Centro LatinoAmericano is an equal opportunity employer.

|  |  |
| --- | --- |
| Date |  |
| Last Name |  | First Name |  | MI |  |
| Home Phone |  | Other Phone |  |
| Email address |  |
| Current AddressStreet |  | City |  | State |  |

**AVAILABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Position applying for |  | What date can you start? |  |
| What category would you prefer? | [ ]  Full-time [ ]  Part-time [ ]  Temporary |
| When are you available to work? | [ ]  Weekdays [ ]  Weekends [ ]  Overtime [ ]  Other: |

**JOB RELATED SKILLS**

[ ]  Yes [ ]  No If the job requires, do you have a valid driver’s license?

[ ]  Yes [ ]  No Have you been given a job description or had the essential functions of the job explained?

[ ]  Yes [ ]  No Do you understand these essential functions?

[ ]  Yes [ ]  No Can you perform the essential functions of this job with or without reasonable accommodation?

|  |  |
| --- | --- |
| List languages in which you are fluent |  |

|  |
| --- |
| Please list any skills, licenses, certificates, experiences, training or qualifications that may be job-related or that you feel would be of value to this job or company. |
|  |

**EDUCATION**

If your school records are under a different name than listed on page 1, please enter that name below:

|  |  |
| --- | --- |
| NAME |  |
| **SCHOOL** | **CITY/STATE** | **GRADUATE?** | **DEGREE?** |
| HIGH SCHOOL |  |  |  |
| COLLEGE |  |  |  |
| OTHER |  |  |  |

**SECURITY**

[ ]  Yes [ ]  No Have you been convicted of a crime? If so, please describe in the boxes below. (You may omit convictions that have been sealed, expunged, or legally erased, and marijuana related offenses more than two years old) Conviction will not necessarily bar to employment; each case will be evaluated on its own facts and circumstances.

|  |  |  |
| --- | --- | --- |
| **INCIDENT** | **CITY/STATE** | **DATE OF CONVICTION** |
|  |  |  |
|  |  |  |

**PERSONAL INFORMATION**

[ ]  Yes [ ]  No Have you ever applied to or worked for Centro LatinoAmericano before?

|  |  |
| --- | --- |
| If yes, when? |  |

[ ]  Yes [ ]  No Do you have any friends or relatives working for Centro LatinoAmericano?

 If yes, state name(s) and relationship:

|  |  |
| --- | --- |
| Name | Relationship |
|  |  |
|  |  |

[ ]  Yes [ ]  No If hired, would you have reliable means of transportation to and from work?

[ ]  Yes [ ]  No Are you at least 18 years old? (If under 18, hire is subject to valid work permit)

[ ]  Yes [ ]  No If hired, can you provide proof of your legal right to live and work in the United States?

[ ]  Yes [ ]  No Are you willing to relocate?

[ ]  Yes [ ]  No Have you ever been discharged or asked to resign from employment? If yes, explain:

|  |
| --- |
|  |

How did you hear about this job opening?

|  |
| --- |
|  |

**PREVIOUS EMPLOYERS**

***Correct telephone numbers of past employers are critical.***

FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER OR EMAIL ADDRESS IS MANDATORY.

**MOST RECENT EMPLOYER**

[ ]  Yes [ ]  No May we contact?

|  |  |  |  |
| --- | --- | --- | --- |
| PHONE |  | FAX |  |
| COMPANY NAME | CITY | STATE |
|  |  |  |
| DATES EMPLOYED | SUPERVISOR’S NAME |
| FROM |  | TO |  |  |
| JOB TITLE | DUTIES |
|  |  |
| SALARY | PER | REASON FOR LEAVING |
|  | [ ]  HOUR [ ]  WEEK [ ]  MONTH [ ]  YEAR |  |

**SECOND MOST RECENT EMPLOYER**

[ ]  Yes [ ]  No May we contact?

|  |  |  |  |
| --- | --- | --- | --- |
| PHONE |  | FAX |  |
| COMPANY NAME | CITY | STATE |
|  |  |  |
| DATES EMPLOYED | SUPERVISOR’S NAME |
| FROM |  | TO |  |  |
| JOB TITLE | DUTIES |
|  |  |
| SALARY | PER | REASON FOR LEAVING |
|  | [ ]  HOUR [ ]  WEEK [ ]  MONTH [ ]  YEAR |  |

**THIRD MOST RECENT EMPLOYER**

[ ]  Yes [ ]  No May we contact?

|  |  |  |  |
| --- | --- | --- | --- |
| PHONE |  | FAX |  |
| COMPANY NAME | CITY | STATE |
|  |  |  |
| DATES EMPLOYED | SUPERVISOR’S NAME |
| FROM |  | TO |  |  |
| JOB TITLE | DUTIES |
|  |  |
| SALARY | PER | REASON FOR LEAVING |
|  | [ ]  HOUR [ ]  WEEK [ ]  MONTH [ ]  YEAR |  |

**REFERENCES**

Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES.

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS/PHONE** | **YEARS KNOWN/RELATIONSHIP** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **CERTIFICATION AND RELEASE** |

**Please Read Carefully, Check the Boxes, and Sign Below**

[ ]  I hereby certify that the facts contained in this application are true and complete to the best of my knowledge. I further certify that I have

personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document

used to secure employment shall be grounds for rejection regardless of the time elapsed before discovery.

[ ]  I hereby authorize Centro LatinoAmericano to thoroughly investigate my references, work record, education and other matters related to my

suitability for employment and, further, authorize the references I have listed to disclose to the agency any information related to my work records, without giving me prior notice of such disclosure. I hereby release Centro LatinoAmericano, my former employers and all other persons, corporations, partnerships and associations to any and all claims, demands or liabilities arising out of or in any way related to such an investigation or disclosure.

[ ]  I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if

hired, is intended to create an employment contract between Centro LatinoAmericano and me. In addition, I understand and agree that if I am employed, my employment is “at will,” which means that it may be terminated at any time, with or without prior notices, and with or without cause, at the option of either myself or the company, and that no promises or representation contrary to the foregoing are binding on

Centro latinoAmericano unless made in writing and signed by me and Centro LatinoAmericano’s Executive Director.

[ ]  If hired, I agree to read and comply with all of Centro LatinoAmericano’s policies. I further understand that if employed, upon the separation of my employment, I will be required to return all Centro LatinoAmericano property in my possession.

[ ]  I acknowledge I have read, understood, and agreed to the above statements, and certify under penalty of perjury that this application is true

and correct.

IF I CHOOSE TO SUBMIT THIS APPLICATION ELECTRONICALLY, MY NAME ON THE SIGNATURE LINE WILL HAVE THE SAME EFFECT AS IF I SIGNED A HARD COPY OF THIS APPLICATION.

|  |  |
| --- | --- |
|  |  |
| Applicant’s Signature | Date |