



Central Oregon Intergovernmental Council

334 NE Hawthorne Ave
Bend, OR 97701
Phone (541)548-8163 · Fax (541)923-3416
Website: www.coic.org

APPLICATION FOR EMPLOYMENT

If you are employed by COIC, this application will become a permanent part of your personnel record. All sections of the application must be completed. An incomplete application will not be accepted. A resume will be accepted only as an addition to a completed application. COIC is an Equal Opportunity Employer/Program. Auxiliary aids available upon request to individuals with disabilities.

PLEASE PRINT CLEARLY OR TYPE THIS ENTIRE APPLICATION

Position Applying For			Application Date
Last Name	First Name	Middle Name	Home Telephone
Street Address/Mailing Address			Business Telephone
City	State	Zip	Social Security Number
Have you ever worked at COIC before? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you currently bondable?
Date Worked	Position Held		Yes <input type="checkbox"/> No <input type="checkbox"/>
It is the policy of COIC to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by COIC.			If selected, when will you be available to begin work?
Have you the legal right to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have adequate means of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of your family members work for COIC? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, list name, position and location:			
A job description detailing the essential functions and duties of the job for which you are applying is attached. Are there any of these functions or duties listed which you would be unable to perform, with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Please list any criminal convictions (other than traffic infractions), sustained within the last 10 years. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, the timelines of the conviction, or the type of work involved. If you do not have any such conviction, write "none."			

EDUCATION

School	Name and Location of School	Course of Study	Did you Graduate?	Name of Degree or Diploma
High School and/or GED			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade/ Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Describe specialized training, military service, job-related skills, and valid professional licenses and certificates that you consider relevant to the position you are applying for:

REFERENCES

List three persons, preferably supervisors, who can speak to your past work experience and job performance.

Name	Occupation	Address	Phone

EMPLOYMENT

Please list most recent employment first. Include volunteer or unpaid work if you would like it considered. Use additional sheets as needed. All sections must be completed.

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Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Per Week
Job Duties	Current/Ending Salary
	Position Title
Reason for Leaving	

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Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Per Week
Job Duties	Current/Ending Salary
	Position Title
Reason for Leaving	

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Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Per Week
Job Duties	Current/Ending Salary
	Position Title
Reason for Leaving	

We may contact the employers listed above. Please indicate to the right any employers you do not want us to contact.

DO NOT CONTACT	
Employer Number	Reason you do not want us to contact this employer.

SIGNATURE

As an applicant for employment with COIC, I understand the following:

In submitting this application for employment, I authorize investigation of all statements contained within it; and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from employment with Central Oregon Intergovernmental Council (COIC) if I have been employed.

I authorize COIC to check my references and to investigate any information provided in my application for employment. I further authorize my past employers or anyone with information about my work history, education or qualifications to provide such information to COIC in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information to COIC.

In consideration of my employment, I agree to conform to the rules and regulations of COIC. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either COIC or myself. I understand that no representative of COIC has the authority to enter into any separate employment agreement for any specified time or to make any agreement contrary to the foregoing with me.

COIC, in conformance with Oregon's no-smoking law in public-occupied facilities, does not hire applicants who must smoke while on the job. Additionally, COIC is covered by the provisions of the Drug Free Workplace Act.

As a condition of employment with COIC, individuals selected for employment must successfully pass a driving and criminal background check.

This application will be active for sixty calendar days from the date below. I understand that if I become aware of other job openings within the sixty calendar days and wish to be considered as a candidate, I must contact COIC and request my application be considered for that particular opening. If the sixty days have elapsed, I must reapply by completing a new application.

If you are submitting a scanned version of this application and are unable to sign, please check the box.

I certify I have read all of this application and the information I have provided is true and correct.

If selected for an interview, you will be requested to sign the application at that time.

Applicant Signature

Date

BACKGROUND CHECK INFORMATION

As a condition of employment with COIC, the individual selected must pass a driving and criminal background check. Completion of this section is required. Please type or print clearly.

Last Name		First Name		Middle Name	
Alias/Maiden Name(s)					
Date of Birth		Social Security Number		Driver's License Number	
				Driver's License State	
Current Address			Mailing Address (if different from current address)		
City		State	Zip	City	
<p>NOTE: If you are submitting a scanned version of this application and are unable to sign before sending, you will be requested to sign below before a Criminal and Driving background check can be ran.</p> <p>By signing below, I authorize COIC to perform a criminal and driving background check.</p>			Previous Address (if out-of-state within ten years)		
			City		State
Signature				Date	

EQUAL OPPORTUNITY INFORMATION

COIC is an Equal Opportunity Employer. We request that you provide the following information, which will not be used in evaluating your application for employment. This section is voluntary and will be kept confidential.

Name		Date of Birth	Date	
Position Applied For			Male <input type="checkbox"/>	Female <input type="checkbox"/>
White (Caucasian) <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>		
Asian <input type="checkbox"/>	Native American <input type="checkbox"/>	Other <input type="checkbox"/>		
Handicapped	Veteran <input type="checkbox"/>	Vietnam Era Veteran <input type="checkbox"/>	Disabled Veteran <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates Served			