



EOAF, Inc.  
 Celebrating 60 Years  
 1960 ~ Present

# Eastern Oregon Alcoholism Foundation

## Substance Abuse & Detoxification Services

### Application for Employment

216 SW Hailey Ave  
 Pendleton, OR 97801  
 (541) 276-3518 Main ~ (541) 276-4189 Fax

**All documents are to be submitted in person, via mail, or fax at the address or fax number listed above.**

*Please Type or Print in Black or Blue Ink*

Position Applying For:		2 <sup>nd</sup> Choice:	
<b>Personal Information</b>			
Name(Last, First, MI):		Other Names Used:	
D.O.B:	Social Security #:	Driver's License #:	State of Issue:
Physical Address:		City, State, Zip Code:	
Mailing Address:		City, State, Zip Code:	
Home #:	Cell #:	Work #:	Other #:
Email Address:			

Have you ever filed an application with us before?		Yes	No
If yes, give date: _____			
Have you ever been employed with us?		Yes	No
If yes, give date: _____			
On what date would you be available for work?			
Are you able to work: (Check all that apply)      Full-Time      Part-Time      Shift Work      Temporary			
What days are you available to work? (Check all that apply)			
Sunday	Monday	Tuesday	Wednesday
Thursday	Friday	Saturday	
What shifts are you available to work? (Check all that apply)			If available, what is your preference?
Days	Swing	NOC	Other: _____
			6 HR      8 HR      10 HR
Can you travel if a job requires it?		Yes	No
EOAF is a drug free workplace. Oregon Administrative Rules (OAR's) for Residential Treatment Facilities, Detoxification Centers and Outpatient Treatment require that each and every counseling and treatment employee have a minimum of 2 years verified clean and sober living in an independent living situation			
Are you in recovery?		Yes	No
If yes, how long have you been in recovery? _____ Clean Date: _____			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			
<i>Proof of Citizenship or Immigration Status will be required upon employment</i>			
		Yes	No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?			Yes      No
Salary requirements: _____			

**Education/Training History**

List colleges, military, trade, business or other schools attended.

Do you have a High School Diploma or a GED Certificate? Yes      No

Name and Location of School, College or University	Course of Study (List Major)	Graduated? Date:	Degree or Certification Received?
A			
B			
C			

**License/Registration/Certificate**

List any required professional license, registration or certificate you have acquired

Description (Attach Copy)	State of Issue	Number	Expiration Date

Specialized Skills-List skills or knowledge that show your ability to perform the job for which you are applying (such as typing, software programs, foreign languages, specialized training or apprenticeship.)

Describe any awards/honors you have received:

State any additional information you feel may be helpful to us in considering your application:

**References**

Give Name, Address, and Telephone Number of three (3) references who are not related to you and not previous employers.

Name	Address	City/State/Zip Code	Telephone Number

<b>Work History</b>			
<b>Job # 1</b> (Current or most recent position)			
Name of Employer:		Employer's Address & Phone #:	
Type of Business:		Supervisor's Name & Phone #:	
Job Title:		<u>Supervision/Lead Work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing Work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not Responsible for any of the above	
Start Date:	End Date:		
Years Worked:	Total Hrs per Week:		<u>If you checked any of the boxes, list the number of employees and their titles:</u>
Hourly Rate/Salary:			
Duties (List all duties you performed. No credit will be given if this section is not completed):			
Reason for leaving this position?			
May we contact this employer?      Yes      No			

<b>Job # 2</b>			
Name of Employer:		Employer's Address & Phone #:	
Type of Business:		Supervisor's Name & Phone #:	
Job Title:		<u>Supervision/Lead Work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing Work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not Responsible for any of the above	
Start Date:	End Date:		
Years Worked:	Total Hrs per Week:		<u>If you checked any of the boxes, list the number of employees and their titles:</u>
Hourly Rate/Salary:			
Duties (List all duties you performed. No credit will be given if this section is not completed):			
Reason for leaving this position?			
May we contact this employer?      Yes      No			

<b>Job # 3</b>		
Name of Employer:		Employer's Address & Phone #:
Type of Business:		Supervisor's Name & Phone #:
Job Title:		<u>Supervision/Lead Work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing Work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not Responsible for any of the above
Start Date:	End Date:	
Years Worked:	Total Hrs per Week:	
Hourly Rate/Salary:		
<u>If you checked any of the boxes, list the number of employees and their titles:</u>		
Duties (List all duties you performed. No credit will be given if this section is not completed):		
Reason for leaving this position?		
May we contact this employer?      Yes      No		

<b>Job # 4</b>		
Name of Employer:		Employer's Address & Phone #:
Type of Business:		Supervisor's Name & Phone #:
Job Title:		<u>Supervision/Lead Work: Check areas you were responsible for:</u> Handling Disciplinary Problems      Assigning & Reviewing Work Hiring or Recommending Hiring      Rating Work Performance Responding to Grievances Not Responsible for any of the above
Start Date:	End Date:	
Years Worked:	Total Hrs per Week:	
Hourly Rate/Salary:		
<u>If you checked any of the boxes, list the number of employees and their titles:</u>		
Duties (List all duties you performed. No credit will be given if this section is not completed):		
Reason for leaving this position?		
May we contact this employer?      Yes      No		

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

EOAF is an at will employer. Continued employment with EOAF is dependent upon contracted funding for our designated programs and passing of the criminal history and urinalysis testing.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and their funding sources.

I understand and agree that my electronic signature is the equivalent of a manual signature and that E.O.A.F. may rely on it as such.

Signature of Applicant: \_\_\_\_\_

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

### \*\*\*For Personnel Department Use Only\*\*\*

Arrange Interview?      Yes      No

Date, Time, & Location of Interview: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_

Remarks: \_\_\_\_\_

\*\*\*\*\*

Employed?      Yes      No

Date Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Hourly      Salary

By (Print Name/Title): \_\_\_\_\_

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

### Eastern Oregon Alcoholism Foundation Is an Equal Opportunity Employer

Eastern Oregon Alcoholism Foundation recruits, trains, assigns, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions are made on the basis of merit and job requirements.