



EAAF, Inc.  
 Celebrating 60 Years  
 1960 ~ Present

# Eastern Oregon Recovery Center

## Substance Abuse Services

### Application for Employment

Please Type or Print in 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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give date: _____   |
| Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give date: _____   |
| On what date would you be available for work?<br>Are you able to work: (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary  |
| Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| EORC 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<br>Are you in recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><i>Proof of Citizenship or Immigration Status will be required upon employment</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(List Major) | Graduated?<br>Date: | Degree or Certification<br>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 |
|------|---------|---------------------|------------------|
|      |         |                     |                  |
|      |         |                     |                  |
|      |         |                     |                  |

### Work History

**Job # 1** (Current or most recent position)

|   |                     |  |  |
|---|---------------------|--|--|
| Name of Employer:   |                     | Employer's Address & Phone #:  |  |
| Type of Business:   |                     | Supervisor's Name & Phone #:   |  |
| Job Title:  |                     | <b>Supervision/Lead Work: Check areas you were responsible for:</b><br><input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Assigning & Reviewing Work<br><input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance<br><input type="checkbox"/> Responding to Grievances<br><input type="checkbox"/> Not Responsible for any of the above<br><br>If you checked any of the boxes, list the number of employees and their titles: |  |
| Start Date:   | End Date:           |  |  |
| Years Worked:   | Total Hrs per Week: |  |  |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No            |                     |  |  |

**Job # 2**

|   |                     |  |  |
|---|---------------------|--|--|
| Name of Employer:   |                     | Employer's Address & Phone #:  |  |
| Type of Business:   |                     | Supervisor's Name & Phone #:   |  |
| Job Title:  |                     | <b>Supervision/Lead Work: Check areas you were responsible for:</b><br><input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Assigning & Reviewing Work<br><input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance<br><input type="checkbox"/> Responding to Grievances<br><input type="checkbox"/> Not Responsible for any of the above<br><br>If you checked any of the boxes, list the number of employees and their titles: |  |
| Start Date:   | End Date:           |  |  |
| Years Worked:   | Total Hrs per Week: |  |  |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No            |                     |  |  |

| <b>Job # 3</b>  |                     |  |
|---|---------------------|--|
| Name of Employer:   |                     | Employer's Address & Phone #:  |
| Type of Business:   |                     | Supervisor's Name & Phone #:   |
| Job Title:  |                     | <b>Supervision/Lead Work: Check areas you were responsible for:</b><br><input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Assigning & Reviewing Work<br><input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance<br><input type="checkbox"/> Responding to Grievances<br><input type="checkbox"/> Not Responsible for any of the above<br><br>If you checked any of the boxes, list the number of employees and their titles: |
| Start Date:   | End Date:           |  |
| Years Worked:   | Total Hrs per Week: |  |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No            |                     |  |

| <b>Job # 4</b>  |                     |  |
|---|---------------------|--|
| Name of Employer:   |                     | Employer's Address & Phone #:  |
| Type of Business:   |                     | Supervisor's Name & Phone #:   |
| Job Title:  |                     | <b>Supervision/Lead Work: Check areas you were responsible for:</b><br><input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Assigning & Reviewing Work<br><input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance<br><input type="checkbox"/> Responding to Grievances<br><input type="checkbox"/> Not Responsible for any of the above<br><br>If you checked any of the boxes, list the number of employees and their titles: |
| Start Date:   | End Date:           |  |
| Years Worked:   | Total Hrs per Week: |  |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

EORC is an at will employer. Continued employment with EORC 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.R.C. 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 Recovery Center Is an Equal Opportunity Employer

Eastern Oregon Recovery Center 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.