



## APPLICATION

### YCAP (Yamhill Community Action Partnership)

P.O. Box 621, McMinnville, OR 97128-0621 \* \* \* Phone: 503-472-0457 - Fax: 503-472-5555

Position Applied For:		Date:	
Name: (Last) (First) (Middle)		Email:	
Street Address:		Mailing Address:	
City:	State:	Zip Code:	
Telephone:		Message Telephone:	
How did you learn about this opening?			
Do you have a valid Oregon driver's license?    Y    N		CDL?    Y    N	
Are you legally eligible for employment in the United States?			
Have you received YCAP services in the past 6 months?    Y    N <i>(if yes, please indicate services received:)</i>			
Have you ever applied for employment with us? <i>(If yes, give month and year applied &amp; position applied for):</i>			
Minimum Acceptable Wage/Salary:		Date Available To Begin Work:	
Education & Formal Training: <i>List all education and training that are directly related to the position for which you are applying. Include high school diploma or GED.</i>			
Name & Location of School/Institution		Major Field of Study/Training	Degree/Certificate
Summary of Qualifications: <i>Use the space below to describe why you are interested in this position. Summarize the skills and aptitudes that you feel qualify you for this position. You may wish to include training, experience, interests, goals, etc. If you need more space, continue on a separate sheet.</i>			
Bilingual (List Languages):			
List Computer programs you use and rate your level of competency.			
Other Skills:			

**Employment History:**

List below ALL paid and unpaid work experience for the last ten (10) years beginning with your present or most recent job. Describe each job separately, emphasizing specific tasks and responsibilities. If more space is needed, additional sheets may be attached.

Current or Most Recent Employer:		Address:		Telephone:
Dates of Employment: From:            To:		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Position:	May We Contact?
Supervisor/Title:			Starting Salary:	Final Salary:

Job Duties/Responsibilities (*be specific*):

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Reason for Leaving:



Employer:		Address:		Telephone:
Dates of Employment: From:            To:		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Position:	May We Contact?
Supervisor/Title:			Starting Salary:	Final Salary:

Job Duties/Responsibilities (*be specific*):

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Reason for Leaving:

Employer:		Address:		Telephone:	
Dates of Employment: From:          To:		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Position:		May We Contact?
Supervisor/Title:			Starting Salary:		Final Salary:
Job Duties/Responsibilities ( <i>be specific</i> ):					
Reason for Leaving:					
Employer:		Address:		Telephone:	
Dates of Employment: From:          To:		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Position:		May We Contact?
Supervisor/Title:			Starting Salary:		Final Salary:
Job Duties/Responsibilities ( <i>be specific</i> ):					
Reason for Leaving:					

**Certification/Authorization**

Please read, initial each statement and sign your name:

- 1. \_\_\_\_\_ If I am employed by YCAP, I will comply with all work-related requirements of the employer.
- 2. \_\_\_\_\_ I certify that all answers to questions in this application, any resume and all additional information I have submitted, are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if I am hired.
- 3. \_\_\_\_\_ I understand that if hired, unless otherwise specified, I will be an "at-will" employee. I agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause by me or by YCAP.
- 4. \_\_\_\_\_ I hereby acknowledge that I have read and understand the above statements. I voluntarily give YCAP permission to confirm by personal inquiry, or otherwise, information provided in this application. I authorize all schools, persons, previous employers, credit reporting agencies, and other organizations to provide YCAP (*its authorized employees, agents or representatives*) with any relevant information that may be requested to arrive at an employment decision. I hereby release any such schools, persons, employers and organizations from any and all liability which they might otherwise incur to me as a result.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Professional References:**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_

**NOTE:**

YCAP is an EQUAL OPPORTUNITY EMPLOYER. We hire and promote without regard to race, color, sex, national origin, religion, age, disability, political beliefs, sexual orientation, veteran status or mental or physical condition unrelated to job performance. Interviews are given on a competitive basis, using job-related factors, after a resume or written application has been received and reviewed. Because of the many applications we receive, only a few candidates for each position available will be contacted for interviews. In the event no candidate meets the qualifications, the position may be withdrawn or re-opened.