

Application for Employment
Tillamook Family Counseling Center

906 Main Avenue
Tillamook, OR 97141

Equal access to programs, services, and employment is available to all persons. Applications requiring reasonable accommodation to the application and/or interview process should notify Tillamook Family Counseling Human Resources at jobs@tfcc.org.

I agree to the use of electronic signatures for the purpose of this document. YES NO

Position(s) applied for: _____ Date of application: _____

Date available to begin work: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(if different than above) (PO BOX) (CITY) (STATE) (ZIP)

TELEPHONE: _____ CELL: _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, school and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits

(APPLICANT'S SIGNATURE) (DATE)

EDUCATION AND TRAINING

HIGH SCHOOL: _____ (Years) _____ GRADUATED YES NO
GED YES NO

COLLEGE/UNIVERSITY: _____

COMPLETE ADDRESS: _____

MAJOR: _____ DEGREE: _____ YEAR RECEIVED: _____

PROFESSIONAL/SPECIALTY LICENSE TYPE: _____

COLLEGE/UNIVERSITY: _____

COMPLETE ADDRESS: _____

MAJOR: _____ DEGREE: _____ YEAR RECEIVED: _____

PROFESSIONAL/SPECIALTY LICENSE TYPE: _____

TRADE SCHOOL: _____ SUBJECT: _____ YEAR COMPLETED: _____

COMPLETE ADDRESS: _____

APPRENTICE SCHOOL: _____ SUBJECT: _____ YEAR COMPLETED: _____

COMPLETE ADDRESS: _____

MAY WE REQUEST A DEGREE VERIFICATION? YES NO

SIGNATURE: _____ **DATE:** _____

Were you previously employed by Tillamook Family Counseling Center? YES NO

Are you legally eligible for employment in this country and can show verification? YES NO

Have you ever had a substantiated allegation of abuse? YES NO

LANGUAGE PROFICIENCY: LIST LANGUAGE SKILLS OTHER THAN ENGLISH, AND YOUR LEVEL OF PROFICIENCY (SPEAK, READ, WRITE, ETC.) _____

WORK EXPERIENCE

(LIST THE LAST TEN (10) YEARS' WORK EXPERIENCE BEGINNING WITH THE MOST RECENT)
(IF NEEDED, PLEASE USE ADDITIONAL PAGE)

NAME OF EMPLOYER: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)
DATES EMPLOYED: FROM _____ TO _____ WAS EMPLOYMENT FULL-TIME PART-TIME

REASON FOR LEAVING: _____ MAY WE CONTACT EMPLOYER? YES NO

BRIEF DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)
DATES EMPLOYED: FROM _____ TO _____ WAS EMPLOYMENT FULL-TIME PART-TIME

REASON FOR LEAVING: _____ MAY WE CONTACT EMPLOYER? YES NO

BRIEF DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)
DATES EMPLOYED: FROM _____ TO _____ WAS EMPLOYMENT FULL-TIME PART-TIME

REASON FOR LEAVING: _____ MAY WE CONTACT EMPLOYER? YES NO

BRIEF DESCRIPTION OF DUTIES: _____

REFERENCES

LIST SUPERVISORS AND COWORKERS KNOWN, BUT NOT RELATED TO YOU, FOR AT LEAST 3 YEARS

- 1. NAME: _____ TITLE: _____ YEARS KNOWN _____
BUSINESS: _____ PHONE NUMBER: _____
EMAIL: _____

- 2. NAME: _____ TITLE: _____ YEARS KNOWN _____
BUSINESS: _____ PHONE NUMBER: _____
EMAIL: _____

- 3. NAME: _____ TITLE: _____ YEARS KNOWN _____
BUSINESS: _____ PHONE NUMBER: _____
EMAIL: _____

PRE-EMPLOYMENT DRIVING RECORD SCREENING
REQUEST FOR DEPARTMENT OF MOTOR VEHICLE RECORD

Tillamook Family Counseling Center is requesting the completion of the following so a motor vehicle record report can be obtained prior to hiring and will be reviewed annually for all employees. By completing, signing and dating this form you acknowledge consent to obtain your motor vehicle record and consent to the information contained therein to be used by TFCC and its insurance company to determine your employment eligibility for this driving position. Infractions involving alcohol, excessive speed or unsafe driving practices could be grounds for not being hired or termination of employment as the employer sees fit. It is your responsibility to contact the Department of Motor Vehicles to dispute any discrepancies you feel exist on your Motor Vehicle Record. Neither the employer nor the insurance agency takes any responsibility for the information contained therein.

NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

STATE LICENSED: _____

SIGNATURE: _____

DATE: _____

A Motor Vehicle Records check will be completed by HR for Oregon licensees only. Any out of state licensed candidates will need to submit their Motor Vehicle Record report prior to hire and annually thereafter.

Please submit this application along with your cover letter and resume to jobs@tfcc.org. Please also include the position title in the subject line.