NEW HORIZONS NW, LLC

EMPLOYMENT APPLICATION
Application for Employment
An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print)_____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS_____ TEL. NO._____
No. Street City State Zip Day Evening

Position applied for?_____ When are you available for employment?_____

Email Address:_____

Which type of employment are you seeking: Full-time_☐ Part-time/Hrs Per Week Available?_☐

Availability: Monday/Hrs_____ Tuesday/Hrs_____ Wednesday/Hrs_____ Thursday/Hrs_____ Friday/Hrs_____ Saturday/Hrs_____ Sunday/Hrs_____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer	Address Telephone	Type of Business

Dates Employed From Mo. Yr.	Dates Employed To Mo. Yr.	Email Address of Employer	Reason for Leaving	Supervisor's Name and Title

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

May we contact your current employer? **Yes** _☐_ **No** _☐_

2. Name of Next Previous Employer	Address Telephone	Type of Business

Dates Employed From Mo. Yr.	Dates Employed To Mo. Yr.	Email Address of Employer	Reason for Leaving	Supervisor's Name and Title

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

May we contact this employer? **Yes** _☐_ **No** _☐_

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3. Name of Next Previous Employer	Address	Telephone	Type of Business

Dates Employed		Email Address of Employer		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.				

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

May we contact this employer? **Yes _____** **No_____**

Are you over 18 years of age? Yes ☐ No ☐

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? Yes ☐ No ☐

EDUCATION: The state of Oregon requires that applicants have a high school diploma or equivalent.

Do you meet this requirement? Yes ☐ No ☐

Other job-related education:

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand I may be required to submit to and pass a Pre- Employment Background Check.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, myemployment is for no definite period and either the Employer or I mayterminate our relationship at will at anytime, without notice or anyreason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

_____ _____

_ Date Signature of Applicant

_____ _____

_ Date Signature Executive Director