



Administrative Office
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Baker City, OR 97814
www.newdirectionsnw.org

Chief Executive Officer: Shari Selander

New Directions for Positive Changes....

"Specializing in helping people with Alcohol, Drug, and Gambling Addictions, Mental Health, Developmental Disabilities and Prevention."

Applications are considered for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or any other legally protected status. New Directions Northwest, Inc. is an Equal Opportunity Employer. All information contained in this application is confidential and will not be released to outside parties without your written consent.

(Please Print Clearly)

Position(s) Applied For: _____ Date: _____

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Telephone: Home: _____ Work: _____

As a perspective applicant for a job, are you legally eligible for employment in the U.S. _____

Proof of citizenship or immigration status will be required upon employment.

Do you have a current driver's license? _____
License Number Expiration Date State

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____ Date _____

Have you ever been employed with us before? _____ Date _____

Are you currently employed? _____ May we contact your present employer? _____

Are you currently on "lay-off" status and subject to recall? _____

On what date would you be available for work? _____ Are you willing to travel? _____

Are you available to work: _____ Full-Time _____ Part-Time _____ Shift Work _____ Temporary

How were you referred to our agency? _____
Newspaper Employment Agency Walk-In Friend Relative Other

*New Directions Northwest, Inc. is an Equal Opportunity Employer and Treatment Provider.
Discrimination is prohibited by Federal Law.*

EDUCATION

	Name / Address	Years Completed	Diploma / Degree	Course / Major
Elementary School	<hr/>			
High School	<hr/>			
College	<hr/>			
Graduate	<hr/>			
Other	<hr/>			

Indicate any foreign languages you speak, read and/or write:

	Language(s)	Fluent	Good	Fair
SPEAK	<hr/>			
READ	<hr/>			
WRITE	<hr/>			

Describe any specialized training, skills, and/or apprenticeships that you have experience in:

Training Type	# Years	Type of Equipment	Software
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Describe any job-related training received in the United States Military:

Training Type	# Years	Type of Equipment	Software
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Please list any professional associations that are directly related to your profession:

PREVIOUS EMPLOYMENT

Start with your present job. Please include any job-related military service assignments and volunteer activities. Please do not use "refer to resume". Resume may be attached as backup to this application.

1.

Employer Name/Address

Dates Employed

Job Title/Position

Contact Person regarding your performance

Telephone Number

Duties / Responsibilities

Reason for Leaving

2.

Employer Name/Address

Dates Employed

Job Title/Position

Contact Person regarding your performance

Telephone Number

Duties / Responsibilities

Reason for Leaving

3.

Employer Name/Address

Dates Employed

Job Title/Position

Contact Person regarding your performance

Telephone Number

Duties / Responsibilities

Reason for Leaving

4.

Employer Name/Address

Dates Employed

Job Title/Position

Contact Person regarding your performance

Telephone Number

Duties / Responsibilities

Reason for Leaving

PERSONAL REFERENCES

(Do not include those given in employment history or relatives)

Name

Address

Occupation

Telephone No.

Note to Applicants: *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE SPECIFIC JOB REQUIREMENTS FOR THIS APPLICATION.*

Will you be able to perform the essential functions of this job, with or without reasonable accommodation?
_____ Yes _____ No

If no, please describe any accommodation needed: _____

DRUG FREE WORKPLACE POLICY

Employees may be asked to take a test at any time to determine the presence of drugs, narcotics, or alcohol, unless the tests are prohibited by law. Employees who agree to take the test must sign a consent form authorizing the test and the Agency’s use of the test results for purposes of administering its discipline policy. It is a violation of this policy to refuse consent for these purposes, or to test positive for alcohol or illegal drugs. Policy violations will result in disciplinary action and may result in termination. Tests that are paid for by the Agency are the property of the Agency, and the examination records will be treated as confidential and held in separate medical files. However, records of specific examinations, if required by law or regulation, will be made available to the employee, persons designated and authorized the employee, public agencies, relevant insurance companies, or the employee’s doctor. It is also the policy of this Agency to initiate pre-employment drug screening of job applicants who have received a conditional offer of employment. Employment is contingent upon successful completion of drug screening and all back ground checks.

DISCLAIMER AND RELEASE

Nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that employment is not for any specific time period, and will be “at will” and terminable by either party at any time for any reason. I authorize the Agency to verify any and all information provided in this application. False information may be grounds for rejection of this application and/or dismissal of employment. Moreover, I hereby release the employer from any and all liability by reason of requesting such information from any personal entity. I declare that any statement in this application, or information provided, is true and complete, and acknowledge that I have read and understand the information stated above.

Date

Signature of Applicant

Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

LAST FIRST FULL MIDDLE

STREET ADDRESS

CITY STATE ZIPCODE

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE

FULL NAME DATE

FULL NAME DATE

DOB: ____/____/____ SSN: - _____

DRIVER'S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____

If yes, please provide details of all convictions and locations of all convictions.

(A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State ____ City _____ County _____ Mo/Yr: _____ to _____

State ____ City _____ County _____ Mo/Yr: _____ to _____

State ____ City _____ County _____ Mo/Yr: _____ to _____

State ____ City _____ County _____ Mo/Yr: _____ to _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, New Directions Northwest, Inc., its employees, any individual or agency obtaining information for New Directions Northwest, Inc., my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Signed _____ Date _____

Witnessed _____ Date _____