



# New Directions Northwest Inc.®

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[www.newdirectionsnw.org](http://www.newdirectionsnw.org)

Chief Executive Officer: Shari Selander

*"Committed to serve and support the behavioral health needs of our communities."*

Established 1967

Revised 4.09.2019ba

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 Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

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?

- a) Newspaper \_\_\_\_\_
- b) Employment Agency \_\_\_\_\_
- c) Walk-in \_\_\_\_\_
- d) Friend \_\_\_\_\_
- e) Relative \_\_\_\_\_
- f) 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
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other	_____	_____	_____	_____

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

	Language(s)	Fluent	Good	Fair
SPEAK	_____	_____	_____	_____
READ	_____	_____	_____	_____
WRITE	_____	_____	_____	_____

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

Training Type	# Years	Type of Equipment	Software
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Training Type	# Years	Type of Equipment	Software
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	



**PROFESSIONAL REFERENCES**

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

Name	Address	Occupation	Telephone No.
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<hr/>			
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**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?  
*Please initial one* → \_\_\_\_\_ 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