

MCEDD EMPLOYMENT APPLICATION



Mid-Columbia Economic Development District (MCEDD) is an equal employment opportunity employer.

515 East Second Street
The Dalles, Oregon 97058
541-296-2266; TTY 711

CONFIDENTIAL

Please complete by typing or printing in dark ink. Complete all questions, and sign your initials and name on the last page where indicated.

Date of Application _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	
E-MAIL ADDRESS	POSITION APPLIED FOR	

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER EDUCATION				CERTIFICATE OR LICENSE

SPECIAL SKILLS

Computer Proficiency, Foreign Language Fluency, Certificates/Licenses:

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EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Reason for Leaving	Essential Job Duties

Did you serve in the US Armed Services? yes no Branch of service: _____

GENERAL INFORMATION

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you legally authorized to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever tested positive, or refused a test within the past 2 years on any DOT pre-employment drug or alcohol test administered by a DOT-covered employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
If the position you are applying for involves driving, do you have a valid license? If yes, please provide: Drivers License #: _____ State: _____ Type/Class: _____ Expiration Date: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any
initial information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize MCEDD to thoroughly investigate my references, work record, education
initial and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release MCEDD, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If hired, I recognize the rules and policies of MCEDD. I understand that my
initial employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of MCEDD or myself. I understand that the Executive Director of MCEDD is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, MCEDD may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I may be required to submit to a physical
initial examination, including drug test, and an in-depth background check prior to employment with MCEDD. Additionally, I hereby authorize the release of the results of such an examination and background checks to MCEDD for their use in evaluating my suitability for employment. Further, I release the examining facility and MCEDD from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

(Supplement to Employment Application)

(a) Important Information to Know Before Filling Out An Application for Employment With Mid-Columbia Economic Development District

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with MCEDD, be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the MCEDD representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date