

Frontier CASA EMPLOYMENT APPLICATION

POSITION TITLE: CASA Manager	
RECRUITMENT OPEN DATE: Immediately	RECRUITMENT CLOSE DATE:

DATE/TIME APPLICATION RECEIVED: _____ BY: _____

Frontier CASA provides employment opportunity to all qualified employees and applicants, without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our EEO policy applies to all aspects of the employment relationship—including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

To claim veterans' preference in hiring, please complete the Veteran's Preference Form and submit it with the required documentation, at the time you submit this application.

Your application may be considered incomplete, if you do not answer all of the questions, submit any required supplemental documentation, and sign your application.

How did you learn about this job opening?

PERSONAL INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
* CITY	STATE	ZIP
HOME PHONE		ALTERNATE PHONE
EMAIL ADDRESS		<i>Typically, we will contact you via email about your application.</i>
EDUCATION		
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:		
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Technical College	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate
COLLEGE/UNIVERSITY EDUCATION		
SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:

MAJOR		
PROFESSIONAL CERTIFICATES & LICENSES		
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION (MONTH/YEAR) DATE
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION (MONTH/YEAR) DATE
LICENSE NUMBER	ISSUING AGENCY	

Please list your current or most recent job first; then go backwards, for up to 10 years of employment. Use as many blocks as needed for your work history. If more blocks are needed, please provide an attachment. If you have volunteer work, or other unpaid work that is directly relevant to the position you are applying for, you are welcome to include that information. Please do not substitute "See Resume."

WORK HISTORY – #1		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #2		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		

WORK HISTORY – #3		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #4		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #5		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		

WORK HISTORY – #6		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		

OFFICE SKILLS		
OFFICE SKILLS:		
COMPUTER SKILLS – Windows Programs		
* MICROSOFT WORD EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Typing letters/memos) <input type="checkbox"/> INTERMEDIATE (Mail merge, tables, forms) <input type="checkbox"/> ADVANCED (Styles, graphics, publications)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* MICROSOFT EXCEL EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Enter data, sorting data) <input type="checkbox"/> INTERMEDIATE (Formulas, charts/graphics) <input type="checkbox"/> ADVANCED (Linked sheets/import data)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* MICROSOFT ACCESS EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Enter data in a table) <input type="checkbox"/> INTERMEDIATE (Create tables/queries) <input type="checkbox"/> ADVANCED (Design custom forms/reports)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* OTHER:	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	BRIEFLY DESCRIBE OTHER COMPUTER SKILLS:
LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN:		
LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	

Do you have any special skills, qualifications, or licenses not already mentioned, which may be useful in the position for which you are applying:

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SUPPLEMENTAL QUESTIONS

1. **Date you are available to start:**

2. **Are you willing and able to travel occasionally?** YES NO

3. **Please describe how you proof your own work, for accuracy and efficiency.**

4. **Which of the following best describes your level of experience coordinating or administering a program, department or other business entity?**

- Less than 1 year
- 1 to 2 years
- 3 to 6 years
- 7 to 10 years
- More than 10 years
- None of the above

5. **Based on your answer to #4, please describe your experience coordinating or administering a program, department or other business entity:**

6. **Please describe why you want to work for Frontier CASA, in the position you are applying for.**

7. **Please describe your experience working with or managing volunteers.**

*** ATTACHMENTS TO THE JOB APPLICATION FORM**

- Cover Letter
- Resume
- Authorization to Release Information
- Veterans' Preference Form and Documentation, if applicable

List other attachments you are providing (please limit your attachments to documents relevant to the job you are applying for):

UNDERSTANDING AND ASSURANCES

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of employment or if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law and policy Frontier CASA may check my criminal background information, DMV information, references, education, certification, and/or any other source of information that might provide information about my suitability and qualifications for employment with Frontier CASA. I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law and policy I agree to undergo any drug and/or alcohol testing that Frontier CASA may require.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by Frontier CASA, and hereby give my consent to Frontier CASA to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, if hired, my employment relationship with Frontier CASA will be "at-will". That means that either I or Frontier CASA may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any person as developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of Frontier CASA and will not be returned. I understand that I must notify Frontier CASA of any changes to my contact information.

I have read and understand the above information.

X _____
Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes Frontier CASA, or its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within Frontier CASA.

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to Frontier CASA, or its representative, as requested.

I further agree not to sue Frontier CASA, or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to Frontier CASA.

I understand and agree that any information released to Frontier CASA is done so in the strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

Applicant's Name (PRINT)

Other Last Names Used

Applicant's Signature

Date

FRONTIER CASA VETERANS' PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Human Resources at (541) 763-2912.

This completed form and the required documentation must be submitted at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may be eligible to claim veterans' preference if you check at least one of the boxes below, and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225 (1) (f)

- I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
- I am receiving a non-service-connected pension from the United States Department of Veterans Affairs.

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter from the United States Department of Veterans Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.

ORS 408.225 (1) (c)

- I have a disability rating designated by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Applicant's Name

Signature

Date

Preference may not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.