

INSTRUCTIONS TO APPLICANTS

All required documents must be received by The Job Council by the advertised deadline. Late or incomplete application packets will not be considered.

Required Information:

- 1) Cover Letter
- 2) Resume
- 3) The Job Council Employment Application
- 4) Consent for Pre-employment Drug Testing

Voluntary Information:

- 1) Equal Opportunity Questionnaire

**THE JOB COUNCIL
EMPLOYMENT APPLICATION**
An Equal Opportunity Employer

**THIS ENTIRE FORM MUST BE COMPLETED - PRINT IN INK OR TYPE
SIGN YOUR NAME WHEN COMPLETED.**
Failure to observe these directions will result in your application not receiving adequate consideration.

NAME AND ADDRESS	Name (Last, First, MI)	JOB APPLIED FOR: ANNOUNCEMENT #:
	Mailing Address	
	City, State Zip Code	

Home Phone	Work Phone	Message (if different)	Drivers License No.	State of Issue
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Present or Last Employer	City and State	May we contact this employer for a job reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION AND FORMAL TRAINING	List enough education - college, trades, business or other schools to meet the requirements specified in the job announcement.
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Name & Location of School	Major	From (Mo), (Yr)	To (Mo), (Yr)	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree (Year & Type)
				___ YES ___ NO	
				___ YES ___ NO	
				___ YES ___ NO	

SKILLS: List current professional or vocational licenses, certificates, registrations and other job-related skills you have including foreign languages, programming a micro/personal computer, typing speed, etc.

WORK EXPERIENCE

YOU MUST COMPLETE THIS SECTION. A RESUME CANNOT BE SUBSTITUTED. List each job separately, even if in the same organization. Describe enough work experience to meet the "minimum qualifications" section of the job announcement. Include unpaid and volunteer work related to the job applied for. List the most important or time consuming activities and the percent of time spent on each. If the hours per week on a job vary, use the average number of hours worked. Part time work is prorated, using a 40-hour week as the standard for full time. If you need more space, attach additional sheets if necessary, providing the same information in the same format as below.

Employer	Location (City, State)	Your Title	Kind of Business
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Total time in this position: YEARS: MONTHS:	From (Month, Year)	To (Month, Year)	Reason for leaving:
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Supervisor's Name & Telephone Number	Supervisory responsibilities in this position (Mark at least one) <input type="checkbox"/> Assigned & Reviewed Work <input type="checkbox"/> Handled Disciplinary Problems <input type="checkbox"/> Did Not Supervise <input type="checkbox"/> Rated Work Performance <input type="checkbox"/> Hired or Recommended Hiring
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Major Duties (be specific) a)	Percent of Time
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b)	Percent of Time

c)	Percent of Time

d)	Percent of Time

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Employer	Location (City, State)	Your Title	Kind of Business
Total time in this position: YEARS: MONTHS:	From (Month, Year)	To (Month, Year)	Reason for leaving:
Supervisor's Name & Telephone Number	Supervisory responsibilities in this position (Mark at least one) <input type="checkbox"/> Assigned & Reviewed Work <input type="checkbox"/> Handled Disciplinary Problems <input type="checkbox"/> Did Not Supervise <input type="checkbox"/> Rated Work Performance <input type="checkbox"/> Hired or Recommended Hiring		
Major Duties (be specific) a)			Percent of Time
b)			Percent of Time
c)			Percent of Time
d)			Percent of Time
Employer	Location (City, State)	Your Title	Kind of Business
Total time in this position: YEARS: MONTHS:	From (Month, Year)	To (Month, Year)	Reason for leaving:
Supervisor's Name & Telephone Number	Supervisory responsibilities in this position (Mark at least one) <input type="checkbox"/> Assigned & Reviewed Work <input type="checkbox"/> Handled Disciplinary Problems <input type="checkbox"/> Did Not Supervise <input type="checkbox"/> Rated Work Performance <input type="checkbox"/> Hired or Recommended Hiring		
Major Duties (be specific) a)			Percent of Time
b)			Percent of Time
c)			Percent of Time
d)			Percent of Time
<p>The Federal Immigration Reform and Control Act requires individuals to provide to an employer, documented proof that they are authorized to work in the United States. This proof must be provided to The Job Council at the time of hire or no later than three business days after the date of hire.</p>			
<p>The Job Council may obtain criminal information regarding employment applicants from the Oregon State Police or other criminal justice agencies authorized to provide such information. In making hiring decisions, felony convictions will be evaluated in relation to the type of job for which application is made. In addition, The Job Council will conduct a driving record check on all applicants selected for positions which require driving as a part of the job. For verification purposes, complete the following: Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Offense _____ Year _____ State _____</p>			
How did you hear about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> RVJobs.net <input type="checkbox"/> TJC website <input type="checkbox"/> Craig's List <input type="checkbox"/> other _____			
CERTIFICATE OF APPLICANT (Read carefully before signing) I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part to any employment at The Job Council. I authorize any of the former employers named in my application to release any information in the possession of such former employer regarding my work performance. I authorize The Job Council to conduct a background check including employment references, personal references, driving record check, and criminal record.			
SIGNATURE _____		DATE _____	



THE JOB COUNCIL
PROVIDING WORKFORCE RESOURCES

Consent for Pre-employment Drug Testing

One part of the employment application process for candidates who have been selected for employment with The Job Council includes testing for current use of illegal drugs. The Job Council's offer of employment is conditional upon the successful completion of a pre-employment screening test for illegal drugs. If you wish to complete the employment process, you must consent to testing by signing this form.

Your signature indicates your consent to testing of a urine specimen or an oral fluid collection in order to determine the presence of illegal drugs, and your understanding that the results of an analysis will be kept confidential and will be used solely to determine eligibility for employment. The type of drug screening will be dependent upon the type of position being applied for,

If you fail to report for testing at the designated time within 24 hours of the offer of employment, The Job Council may withdraw its offer of employment.

SIGNED AUTHORIZATION MUST BE RETURNED WITH EMPLOYMENT MATERIALS

I hereby authorize The Job Council-designated laboratory to release to The Job Council the results of my pre-employment drug screening tests and further release The Job Council and its employees from all liabilities associated with said testing.

Candidates'
Name _____
(Please Print)

Candidates'
Signature _____

Date: _____

/tka

Original - secure file
C:/mydocs/forms/consent pre emp drug testing
6/10

Jackson County Career Center & Administrative Offices
673 Market Street • Medford, OR 97504 • (541) 776-5100 • TDD/TTY Oregon Relay - Dial 711 • Fax: (541) 776-5125/
Admin. Fax: (541) 776-0458 • www.jobcouncil.org

Josephine County Career Center
1569 NE F Street • Grants Pass, OR 97526 • (541) 476-1187 • TDD/TTY Oregon Relay - Dial 711 • Fax (541) 476-1180 •
www.jobcouncil.org

The Job Council is an equal opportunity employer, and operates equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.

EQUAL OPPORTUNITY QUESTIONNAIRE

NOTE TO APPLICANT: The information on this form helps The Job Council to analyze its hiring practices to ensure conformance with its policy of equal employment opportunity.

COMPLETION OF THIS FORM IS VOLUNTARY, but appreciated. Please submit the form with your application. Questionnaires are retained separately from employment applications and other personnel records and will **not** be used in any way to make an employment decision that would adversely affect you.

NAME _____		
Position Applied For _____		Date _____
SEX _____ Male _____ Female	Disabled?* _____ Yes _____ No	Ethnic Group: _____ White _____ Black _____ Hispanic _____ American Indian or Alaskan Native _____ Asian or Pacific Islander
AGE _____	*For Equal Opportunity purposes, disability means: 1) a physical or mental impairment that substantially limits one or more major life activities of the individual; or 2) a record of such an impairment; or 3) being regarded as having such an impairment.	

/lkr
1/8/01

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Auxiliary aids and services are available upon request to individuals with disabilities.