



Oregon Social Learning Center

Science benefiting families

10 Shelton McMURPHEY Blvd
Eugene, OR 97401
(541) 485-2711 (541)
485-7087 FAX

RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATIONS

OSLC is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, veteran status, marital status, sexual orientation, disability, or religious preference. If you are a qualified individual with a disability and you need reasonable accommodation to participate in the hiring process, please contact Barb Bellows at (541) 485-2711 or e-mail: barbb@oslc.org
An electronic version of this form is available at www.oslc.org.

Date: _____

Position applied for; Grant/Dept: _____

Date available: _____

Name: _____

Telephone: _____

Address: _____

Message phone: _____

E-mail: _____

Are you an OSLC employee now? Yes No Have you ever been an OSLC employee? Yes No
When/What Grant or Department? _____

How did you learn of this position? Newspaper Ad OSLC Web Page OSLC employee Publication journal Walk-in
 State Employment Office Unsolicited Other _____

Are you authorized to work in the United States? Yes No

EDUCATION

Do you have a high school diploma or equivalency? Yes No

List all schools attended beyond high school and their location	Credits Completed (If no degree earned)	Type of degree earned	Course of study

Can you operate a computer? Yes No

What computer programs can you operate? _____

EMPLOYMENT HISTORY

Please complete this section even if you attach a resume. List your work experience, including military and/or volunteer service, most recent first.

Employer	Immediate Supervisor and Title	May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone
Job Title	From: Mo ____ Yr ____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> To: Mo ____ Yr ____ If part-time, # of hrs/wk	Ending salary/hourly rate
Description of job duties:		
Reason for leaving:		

Employer	Immediate Supervisor and Title	May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of job duties:		
Reason for leaving:		

APPLICANT STATEMENT

Please describe your reasons for seeking this position and why you feel you are qualified for the job. If you have any skills, interests, or experience that are not reflected by the information given above, and would be complimentary to the position you seek, please mention them.

Please describe reasons for any gaps in employment of 90 days or more.

(If needed, continue additional job information on a separate piece of paper)

Please read the information below prior to completing and signing this application.

1. OSLC is an at-will employer.
2. I understand that if the job I am applying for requires driving, OSLC will run a Motor Vehicle Record report as part of the hiring process. If the position applied for involves driving, a good driving record is imperative and adequate insurance coverage is required.
3. I understand that certain positions require a criminal records check and OSLC will perform one as part of the hiring process. A criminal conviction is a bar to employment only if it is related to the job for which applied.
4. Documentation of credentials will be requested either prior to or after hiring.
5. I hereby authorize and request any and all of my former employers to furnish any and all information concerning my job performance. I agree to hold my former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of my suitability for employment.
6. I have read and understand the job description. I certify that I can perform the essential functions of the job that I am applying for with or without reasonable accommodations.
7. I understand that past or current participation in OSLC research, or the participation of my family or others with a close personal relationship with me, could affect my eligibility for certain positions.
8. I understand that misrepresentation or omission of facts herein is cause for termination.
9. I understand that, if hired, I will be required to:
 - a. Sign a Confidentiality Agreement, covering disclosure and access to research-related information.
 - b. Complete and sign a Workplace Drug Offense Statement, requiring disclosure of past workplace-related drug offense convictions.
10. By signing below, I confirm that I have read and understand this application and have answered all portions truthfully with no omissions.

Signature _____

Date _____

Note: An application and/or resumes cannot be returned. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered.

AFFIRMATIVE ACTION INFORMATION

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. This page will be removed from the application and given to the EEO/AA officers to be filed separately. Please review the Affirmative Action definitions at the bottom of the page.

Name (Last, First, Middle Initial)	Position	Date of Birth
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What race(s) or culture(s) do you consider yourself? (definitions below)

Are you Male Female

1. Ethnic Categories: Select One

- Hispanic or Latino
 Not Hispanic or Latino

3. Have you ever been on active duty in the U.S. Armed Forces?

- No Yes* Dates: _____
 Vietnam Era Veteran
 Disabled Veteran (percent of disability: _____ %)
 Other veteran _____

2. Racial Categories: Select All That Apply

- American Indian or Alaska Native (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 Black/African (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 White (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)
 Other, _____
 Check here if you do not wish to provide some or all of the above information.

4. Do you have a physical, sensory, or mental condition that

substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

Please see the definition of "disabilities" below.

- Yes No

I certify that this information is true and accurate to the best of my knowledge.

Date	Signature
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Affirmative Action Definitions

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

American Indian or Alaskan Native. A person with origins any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

Asian. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African-American. A person with origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the peoples of the Hawaiian Islands, Guam, Samoa, or other Pacific Islands.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or more Races (not Hispanic or Latino). All persons who identify with more than one of the above five races.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities.

Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or conditions, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or nay specific learning disability. The impairment must be material rather than slight, and permanent in that is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

Other Veteran. A person who has served more than 180 days of active military service. Active military service means full-time service, other than active duty for training, as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration or National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey.

The Introduction section of the following Department of Veteran's Affairs link defines veteran status and eligibility:

- <http://www1.va.gov/opa/vadocs/fedben.pdf>
<http://www.opm.gov/veterans/html/vgmedal2.htm>

For Human Resources Use Only

- | | | |
|--|--|--|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Craft Worker (Skilled) |
| <input type="checkbox"/> First/Mid-level Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operative (Semi-Skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Service Worker | <input type="checkbox"/> Laborer (Unskilled) |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Form completed by applicant | <input type="checkbox"/> Visually identified by Administration |