



Employment Application

Thank you for your interest in working with Childhood Health Associates of Salem. We provide equal employment opportunities without regard to race, religion, sex, sexual orientation, age, disability, national origin, marital or military status, or any other status protected by federal or Oregon state law.

Please type or print all information, attach additional sheets if necessary.

Position applying for: _____

Name: _____

Address: _____

Telephone numbers (please indicate cell, home or work):

Date available to work: _____

How did you hear about us?? (friend, website, school, other): _____

Have you ever been employed here before?? Yes No

Education and Training:

	Name of School	City & State	Major	Did you receive a degree?
High School				
University/College				
Post-Graduate				
Other				

Employment History

Please complete this section in addition to attaching a resume or CV. Please account for all time for the past 10 years, attach additional sheets if necessary.

Time Period: From: To:	Current or last employer:
Supervisor's Name:	Your title:
Supervisor's Phone:	Reason for leaving:

Time Period: From: To:	Employer:
Supervisor's Name:	Your title:
Supervisor's Phone:	Reason for leaving:

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May we contact these employers: Yes No

If not, please explain: _____

I hereby state that all information contained in this application is true and correct; and that this is an ***application for employment***, and is not an offer of employment.

Signature: _____ Date: _____