



My Sisters' Place

...a domestic violence, sexual assault and stalking prevention & intervention program

Phone: 541-574-9424 • PO Box 2152 Newport, OR 97365 • Fax: 541-574-0376

Employment Application

We are an equal opportunity employer.

Position Applied For: _____ Date of Application: _____

Name: _____

Address: _____

Phone: _____ Cell or message: _____

Date available to start: _____

Type of employment desired:(please circle all that apply) Full-Time Part-Time Temporary

Have you been convicted of a crime in the past?	YES	NO
If Yes, please explain:		
Have you ever been employed here before?	YES	NO
Are you legally eligible for employment in this country?	YES	NO
If you are under 18, do you have a work permit?	YES	NO

Education Background

SCHOOL	No. of Years Completed	Degree/ Diploma	GPA/ Class Rank	Major	Minor

Work Experience

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities:	
Hourly Rate/Salary		Reason for Leaving:	
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities:	
Hourly Rate/Salary		Reason for Leaving:	
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities:	
Hourly Rate/Salary		Reason for Leaving:	
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities:	
Hourly Rate/Salary		Reason for Leaving:	

Applicant's Statement

I certify that all the information provided in this application is true and correct and that I have not withheld any information relative to my application. I understand that any, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents may result in denial of employment or immediate termination.

I authorize my current and previous employers to provide any and all information regarding my employment, and I release My Sisters' Place (MSP), its officers, agents, and employees and my previous and current employers and their officers, agents, and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional release forms requested by MSP or my former employers.

If hired, I agree to conform to all the rules and policies of MSP. I understand and acknowledge that employment relationships with MSP are of an "at-will" nature, except for positions within any executed collective bargaining agreement or unless otherwise designated by applicable law. This means that an employee may resign at any time and MSP may discharge the employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct of any officer, employee, agent, or officer of MSP unless such change is specifically authorized in writing by the MSP Board of Directors.

I understand and acknowledge that if offered employment, hiring may be contingent upon successful passing of a physical examination, including a drug test. Additionally, I hereby authorize the release of the results of such an examination and/or drug test to MSP for its use in evaluating my suitability for employment. Further, I release the examining facility and MSP, and their respective officers, agents and employees from any and all liability and claims for damages from the release of such information.

I have read and understand the foregoing statements and agree to comply with the terms therein.

Applicant Signature

Date