



Human Resources Department  
707 NE Couch Street  
Portland, OR 97232  
503.542.4615  
[www.janusyouth.org](http://www.janusyouth.org)

## Employment Application

**EQUAL EMPLOYMENT OPPORTUNITY:** Janus Youth Programs is committed to equal employment opportunity both in principle and practice. Our policy is to recruit, hire, train, promote and make other decisions about employment status without discrimination on the basis of race, gender, marital status, veteran's status, religion, national origin, age, sexual orientation, gender identity, caretaking responsibility, genetic information, physical or mental disability (if the individual is qualified for this position with or without reasonable accommodation), pregnancy, childbirth, or related medical condition, citizenship, or any other status protected under applicable federal, state or local laws and regulations.

**REASONABLE ACCOMMODATION:** Applicants with disabilities may request reasonable accommodation in Janus' recruitment and selection process by contacting the Human Resources Manager.

**PLEASE NOTE:** You must complete this application in its entirety. Applicants who submit unsigned, illegible or incomplete applications may not be moved forward in our selection process. If you have questions about this form, please contact Janus Youth Programs as noted above.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Number(s): Home Cell Email Address

Have you ever applied for employment with Janus? Yes  No  Date & Position \_\_\_\_\_

Have you ever been employed by Janus? Yes  No  Dates & Position \_\_\_\_\_

If hired, can you provide proof that you are authorized to work in the United States? Yes  No

How did you learn of this opening? \_\_\_\_\_

### PLEASE ALSO NOTE:

**CRIMINAL RECORD:** Successful applicants will be required to pass a post-offer criminal background check. Conviction/adjudication may not necessarily preclude employment - Janus considers factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job you have applied for. Positions in many Janus programs require criminal background approval from the Oregon Department of Human Services (DHS) or the Washington Department of Social and Health Services (DSHS). Approval is based upon those agencies' own criteria, and employment in DHS or DSHS programs is contingent upon such approval.

**DRIVING RECORD:** Some positions at Janus Youth Programs may require driving an Agency vehicle, or driving a personal vehicle for work purposes (mileage reimbursed at current IRS rate). If that is the case, the successful applicant must at hire possess and maintain a driving record that complies with Agency requirements. If driving a personal vehicle for work purposes, the successful applicant must at hire possess and maintain personal auto liability insurance. All employees driving for work purposes, whether an Agency vehicle or personal vehicle, must complete the Agency's driving approval process before driving.

**EDUCATION:** *(Please list your education or training including college and business, technical, trade, correspondence and military schools, etc.)*

Highest year completed: \_\_\_\_\_ Did you graduate from high school: Yes  No  GED? Yes  No

School Name and Address	Course of Study/Major	Degree/Certificate

Professional and Trade Licenses: \_\_\_\_\_

**ADDITIONAL INFORMATION:** *(Use this space to add other job-related information you wish for us to consider.)*

**WORK EXPERIENCE:** *Begin with your present position, or, if unemployed, your most recent position. Be accurate and account for all of your time. Add copies of the following page to include additional work experience; your resume will not substitute for additional pages. Do not write "see resume." Include all military, non-paid, or volunteer work related to this position. Use the previous section to account for any gaps in your employment.*

From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address/City/State:	
Duties: (be specific)			
Starting Salary:	Supervisor's Name & Telephone Number:		Reason For Leaving:
Ending Salary:			

From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address/City/State:	
Duties: (be specific)			
Starting Salary:	Supervisor's Name & Telephone Number:		Reason For Leaving:
Ending Salary:			

From: _____ To: _____	Employer: _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position: _____	Address/City/State: _____	
Duties: (be specific)   		
Starting Salary: _____ Ending Salary: _____	Supervisor's Name & Telephone Number: _____	Reason For Leaving: _____

From: _____ To: _____	Employer: _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position: _____	Address/City/State: _____	
Duties: (be specific)   		
Starting Salary: _____ Ending Salary: _____	Supervisor's Name & Telephone Number: _____	Reason For Leaving: _____

From: _____ To: _____	Employer: _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position: _____	Address/City/State: _____	
Duties: (be specific)   		
Starting Salary: _____ Ending Salary: _____	Supervisor's Name & Telephone Number: _____	Reason For Leaving: _____

From: _____ To: _____	Employer: _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position: _____	Address/City/State: _____	
Duties: (be specific)   		
Starting Salary: _____ Ending Salary: _____	Supervisor's Name & Telephone Number: _____	Reason For Leaving: _____

**VERIFICATION AND SIGNATURE:** Please read carefully and initial each statement, then sign and date below.

\_\_\_\_\_ I authorize all previous employers and supervisors, including all persons for whom I have worked, to give the organization's representative any and all information regarding me and my previous employment. I release the organization and all previous employers and supervisors from liability for any damages that may result from furnishing information to Janus Youth Programs, Inc. I also authorize Janus Youth Programs, Inc., to obtain information from official sources concerning my driving record and records of unlawful or criminal activities for the purpose of determining my suitability for employment. As part of this process, once I am offered a position, it may be necessary to submit my fingerprints for a nationwide criminal history record check. I understand that, if selected for employment, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. **IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9. In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph. If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

\_\_\_\_\_ I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when or how discovered.

\_\_\_\_\_ In consideration of my employment, I agree to conform to the instructions, rules and policies of the organization to which I am applying. I understand that my employment is "at will," and I may resign or be terminated, without cause or notice, at any time. I also understand that the Executive Director is the only person who will ever have the authority to agree to any other terms, and that those terms must be in writing and signed by both parties.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

This application will only be considered active for the duration of the recruitment and selection period for the position you are applying for. You must complete and submit a new employment application if you wish to be considered for another opening. Applicants are selected for interview on a competitive basis, using job-related factors. Due to the volume of applications received, not every candidate who applies for a position will receive an interview.

JANUS YOUTH PROGRAMS IS AN EQUAL OPPORTUNITY EMPLOYER

August, 2015