

St. Vincent de Paul Society of Lane County, Inc.

Job Application

Return completed application to: SVDP-HR, 2890 Chad Dr., Eugene, OR 97408 or by email to apply@svdp.us

**INCOMPLETE APPLICATIONS WILL NOT BE RETAINED**

**FOR OFFICE USE:**

Interview: Date \_\_\_\_\_ Time \_\_\_\_\_

Screen: Date \_\_\_\_\_ Time \_\_\_\_\_

Name:							
	LAST		FIRST			MI	
Address:							
City		State		Zip		Primary Phone	
Email						Cell Phone	
Position(s) Desired						Salary Desired	

**DO NOT LEAVE ANY INFORMATION BLANK**

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<i>(check one or both if applicable)</i>	
<b>Days Available</b>		<b>Hours Available</b>	
Are you able to work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you over 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a previous applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you legally able to work in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**EDUCATIONAL BACKGROUND**

Schools (High or Trade Schools, College, Other)
Degrees or Certificates Earned
Specific Skills (Tools, Computer, etc.)
Additional Applicant Comments

**Please provide the following information on your last 2 employers whom we will contact with regard to this application:....**

Firm Name		Type of Business	
Address		Dates Employed	
Job Title		Phones	
Job Description			
What did you like most about the job?			
What did you like least about this job?			
Reason for leaving			

Firm Name		Type of Business	
Address		Dates Employed	
Job Title		Phones	
Job Description			
What did you like most about the job?			
What did you like least about this job?			
Reason for leaving			

**Please provide the following information on a local personal reference whom we may contact with regard to this application.**

Name			
Phone		Relationship	
How long?			

**In connection with your application for employment, a background check will be obtained by this agency, for employment purposes. This report will provide other information on you to the employer. Applications remain active 90 days only.**

We are an equal opportunity employer. We also promote a drug free workplace; therefore an offer of employment will be conditioned on the satisfactory completion of a drug screen.

I HEREBY AUTHORIZE ST. VINCENT DE PAUL OF LANE COUNTY TO CONTACT THE LISTED REFERENCES ABOVE.

ADDITIONALLY, I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD ANY INFORMATION BE FOUND FALSE, IT MAY BE CAUSE FOR IMMEDIATE TERMINATION.

Signature		Date	
-----------	--	------	--

THIS DOCUMENT CONTINUES ON THE NEXT PAGE

### Voluntary Self Identification Form

St. Vincent de Paul is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, St. Vincent de Paul invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

Name		
Date Applied		
Job Title Applied For:		
Referral Source ( <i>Ad, Job Service</i> )		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnicity	<input type="checkbox"/>	<b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	<input type="checkbox"/>	<b>White (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	<input type="checkbox"/>	<b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups of Africa.
	<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<input type="checkbox"/>	<b>Asian (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	<input type="checkbox"/>	<b>American Indian or Alaska Native (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	<input type="checkbox"/>	<b>Two or More Races (Not Hispanic or Latino)</b> - All persons who identify with more than one of the above five races.
	<input type="checkbox"/>	Decline to Identify

# Voluntary Self-Identification of Veterans

## Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

## Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name / Z#

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

## Voluntary Self-Identification of Disability

FormCC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know If I have a disability?

You are considered to have a disability if you have a physical or mental Impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an Impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)  
 NO. I DON'T HAVE A DISABILITY  
 I DON'T WISH TO ANSWER

Your Name

Today's Date

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.aov/ofccp](http://www.dol.aov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.