



Children's Advocacy Center
816 W 10th St
Medford, OR 97501
541-734-5437

Employment Application

CACJC is committed to a culture of civility, respect, and inclusivity. We are an equal opportunity employer actively seeking to recruit and retain members of historically underrepresented groups and others who demonstrate the ability to help us achieve our vision of a diverse and inclusive community.

Name _____ Phone _____

Address _____

Email _____

Position applying for _____

Desired salary _____ Date available for employment _____

Are you legally authorized to work in the United States and able to provide proof of authorization? Yes No

Have you ever worked for the CACJC? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain _____

Employment

Current or most recent employer _____

Address _____ Phone _____

Job duties _____

Supervisor _____ Reason for leaving _____

May we contact them? Yes No Dates employed (from, to) _____

Previous employer _____

Address _____ Phone _____

Job duties _____

Supervisor _____ Reason for leaving _____

May we contact them? Yes No Dates employed (from, to) _____

Previous employer _____

Address _____ Phone _____

Job duties _____

Supervisor _____ Reason for leaving _____

May we contact them? Yes No Dates employed (from, to) _____

Education

Do you have a high school diploma or a GED certificate? Yes No

Name and location of school, college, or university	Course of study (list major)	Did you graduate?	Degree or certificate received (AA, BA, BS, MA, MS, PhD)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please list three professional references.

Name _____ Title _____

Company _____ Phone _____

Address _____ Email _____

Name _____ Title _____

Company _____ Phone _____

Address _____ Email _____

Name _____ Title _____

Company _____ Phone _____

Address _____ Email _____

Military Service

Branch _____ Dates enlisted _____

Reason for leaving _____

I understand that providing false or misleading information on this employment application is grounds for disqualification and/or discharge from employment at any time. I certify that my answers are true and complete to the best of my knowledge.

Signature _____ **Date** _____