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**Central Oregon Disability Support Network**

**Employment Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | Social Security No. | | Desired Salary | | |
| Position Applied for | | | | | |
| Are you a citizen of the United States? YES NO  If no, are you authorized to work in the U.S.? YES NO | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous Employment or Volunteer Experience | | | | | | |
| Company | | | | | Phone | (       ) |
| Address | | | | | Supervisor | |
| Job Title | | | | Ending Salary (if paid position) $ | | |
| Responsibilities | | | | | | |
| From | | To | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | |
|  |  | | | | |  |
| Company | | | | | Phone | (      ) |
| Address | | | | | Supervisor | |
| Job Title | | | | Ending Salary (if paid position) $ | | |
| Responsibilities | | | | | | |
| From | | To | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | |
|  | | | | | | |
| Company | | | | | Phone | (      ) |
| Address | | | | | Supervisor | |
| Job Title | | | | Ending Salary (if paid position) $ | | |
| Responsibilities | | | | | | |
| From | | To | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | |
| |  |  |  | | --- | --- | --- | | Education | | | | College | | City and State | | From       To | Degree | | | Other | | City and State | | From       To | Degree | |  |  |  |  | | --- | --- | --- | | Describe experience that can be demonstrated to be applicable to the duties listed in the job description and demonstrate experience providing peer delivered family support (i.e. parent led group, organization, initiative and/or involvement) | | | |  | | | | References | | | | Please list three professional references. | | | | Full Name |  | Relationship | | Company |  | Phone (     ) | | Address |  | | | Full Name |  | Relationship | | Company |  | Phone (     ) | | Address |  | | | Full Name |  | Relationship | | Company |  | Phone (     ) | | Address |  | | | | | | | | |

|  |  |
| --- | --- |
| Disclaimer and Signature | |
| CODSN is an at will, equal opportunity employer.    I certify that my answers are true and complete to the best of my knowledge, and authorize CODSN to verify all data provided on the employment application.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |

**Please return all completed applications to CODSN**

Address: 2525 NE Twin Knolls #7 Bend, OR 97701

Email: [info@codsn.org](mailto:info@codsn.org)

Questions? Call 541-548-8559