

Date: _____ Position Applied For: _____ Program: _____



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Coos Bay, OR 97420-1634
Main – 541-269-0321
Fax – 541-267-0785
Email – bbradmin@belloniranch.org
Website – www.belloniranch.org

Bob Belloni Ranch, Inc. prohibits discrimination on the basis of any characteristics protected by applicable local, state, federal law and any agency policy.

The information I have provided in this application form, resume, or interview is true and complete. I possess the minimum qualifications outlined in the job description and I can perform the essential functions of this job. I understand that relatives shall not be employed anywhere in Bob Belloni Ranch, Inc. where one family member would be in a position of exercising supervisory, appointment or grievance adjustment authority over the other. I have not knowingly withheld any information that would affect my application for employment. If any statement I made in the preceding paragraph is found to be untrue, it may be grounds for immediate dismissal.

I understand that Bob Belloni Ranch, Inc. is not obligated to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment.

I give permission to Bob Belloni Ranch, Inc. to seek pertinent employment information from previous employers or others who may have knowledge of me. I also authorize any such person or agency to give Bob Belloni Ranch, Inc. any and all information concerning my previous employment. This includes, but is not limited to, an assessment of my job performance, ability, fitness and/or any other information they may have, personal or otherwise. I will not make legal claim against anyone who furnishes Bob Belloni Ranch, Inc. with a reference. And I fully realize that any such reference will be held in confidence and will not be made available to me, as allowed by state law. If employed, I hold Bob Belloni Ranch, Inc. harmless from any liability for future references it may provide regarding my work history.

I authorize Bob Belloni Ranch, Inc., or its agent, to obtain criminal background and motor vehicle driving reports on me. I also authorize Bob Belloni Ranch, Inc. to conduct fingerprinting if necessary.

I understand that Bob Belloni Ranch, Inc. is committed to maintaining a workplace free from the unlawful manufacture, use, dispensing, possession, or distribution of controlled substances as defined in the Controlled Substances Act. I authorize Bob Belloni Ranch, Inc., or its agent, to conduct a pre-employment drug screen, and understand that I would be subject to drug and alcohol agency policies which may require future drug testing.

If hired, I understand and agree that my employment is "at will", which means that either Bob Belloni Ranch, Inc. or I may terminate my employment at any time, with or without cause, and with or without notice.

I agree to provide satisfactory proof of my identity and legal work authorization within three (3) business days.

I understand that applications are accepted for current job openings only, and a separate application form is required for each position for which I wish to be considered. I additionally understand that a resume is welcomed but cannot take the place of any portion of the application. I understand that the Administrative Office will forward all applications to the appropriate program. The hiring supervisor will contact applicants who have been selected for an interview. If you are scheduled for an interview and need accommodations, please request this in advance.

Signature of Applicant _____ Date Signed _____

APPLICATION FOR AT-WILL EMPLOYMENT

***** CONFIDENTIAL *****

DESIRED POSITION: _____ DATE: _____

FULL NAME: _____ PHONE: _____

ADDRESS: _____ BEST TIME TO CALL: _____

CITY-STATE-ZIP: _____ EMAIL: _____

DATE YOU CAN START WORK: _____ SOCIAL SECURITY # (Last 4 Only) _____

EDUCATION/TRAINING

Highest Level Completed	School	City, State	Honors/Major	Diploma/GED?	Degree?
High School 9 10 11 12					
College/University 1 2 3 4					
College/University 1 2 3 4					
Graduate School 1 2 3 4					
Vocational School 1 2 3 4					
Other Training Special Courses					

How did you learned about the vacancy? _____ Current or past employees known _____

Have you ever been employed by Bob Belloni Ranch in the past? _____ If so, when _____

Have you ever been employed under another name? _____ If so, what was your name _____

If employed, would you be working under the supervision of a relative? _____ If so, who _____

Why are you applying for this position? _____

Are you able to perform the essential functions of the desired position of which you are applying? _____ If no, do you have any disability which might impair your ability to perform the essential functions of the desired position with or without reasonable accommodation? _____ If yes, please explain _____

How many hours can you work weekly? _____ Can you work overtime? _____ Able to travel? _____

Do you have a valid driver license? _____ List accidents or moving violations within the past two (2) years: _____

List 3 professional connections who can attest to your qualifications for the job. List name, address, & phone.

Have you ever been fired or asked to resign because of a policy or procedural violation? Yes _____ No _____

If yes, explain _____

As an agency that provides care for children as defined by the National Child Protection Act of 1993 and the Violent Crime Control and Law Enforcement Act of 1994, Bob Belloni Ranch is exempt from the requirements of HB 3025 which restricts employers from asking about criminal histories prior to a conditional offer of employment. All applicants are required to complete the following section on criminal history.

Have you ever been arrested, charged, and/or convicted of a crime? Yes _____ No _____

If yes, list all arrest, charges, and convictions from all states, including juvenile record, and the outcome.

Date	Arrest, Charge, or Conviction	County	State	Outcome

Please list your work experience for the past ten (10) years beginning with your most recent job held. If you were self-employed, give business name. Attach additional sheets if necessary.

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Employer: _____ Employment Dates: _____ to _____

Address: _____ Phone: _____

Employment Position Held: _____ Supervisor Name: _____

Duties & Responsibilities: _____

Key Professional Accomplishments: _____

Reason for Leaving: _____

May We Contact this Employer to Discuss your Employment? Yes _____ No _____

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Employer: _____ Employment Dates: _____ to _____

Address: _____ Phone: _____

Employment Position Held: _____ Supervisor Name: _____

Duties & Responsibilities: _____

Key Professional Accomplishments: _____

Reason for Leaving: _____

May We Contact this Employer to Discuss your Employment? Yes _____ No _____

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Employer: _____ Employment Dates: _____ to _____

Address: _____ Phone: _____

Employment Position Held: _____ Supervisor Name: _____

Duties & Responsibilities: _____

Key Professional Accomplishments: _____

Reason for Leaving: _____

May We Contact this Employer to Discuss your Employment? Yes _____ No _____

+++++

Employer: _____ Employment Dates: _____ to _____

Address: _____ Phone: _____

Employment Position Held: _____ Supervisor Name: _____

Duties & Responsibilities: _____

Key Professional Accomplishments: _____

Reason for Leaving: _____

May We Contact this Employer to Discuss your Employment? Yes _____ No _____

+++++

Employer: _____ Employment Dates: _____ to _____

Address: _____ Phone: _____

Employment Position Held: _____ Supervisor Name: _____

Duties & Responsibilities: _____

Key Professional Accomplishments: _____

Reason for Leaving: _____

May We Contact this Employer to Discuss your Employment? Yes _____ No _____

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