



For Office Use:
Application received on
(date stamp with staff initials)

EMPLOYMENT APPLICATION

1195 SE Kemper Way - Madras, OR 97741 | ph: 541-475-4293 | macrecdistrict.com | updated 06.2021

The MACRD ("District") is an equal employment opportunity employer. The district considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and/or any other legally protected status. The district is a drug-free workplace. Individuals who need an accommodation during the application process should request the accommodation in advance so necessary arrangements may be made. Please contact the district if there is any part of this application that you do not understand before signing.

Print or type your information. Please supply an answer to every applicable question. Please indicate N/A if the particular question or matter is not applicable to you. If additional space is needed, attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit material facts. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by the district, this application will become part of your personnel file.

Candidates eligible for Veterans Preference must include a required Veterans Preference Form and appropriate certification to receive Veteran's Preference Points.

General Information

Position(s) for which you are applying: _____

Date of application: _____ How did you learn about this job: _____

Name (First, Last, Middle initial): _____

Phone #: _____ Email: _____

Mailing address/PO BOX (street, city, state, zip code) : _____

Are you at least 18 years old: Yes No

Please indicate your availability: Full-time (40+ hours) Part-time (10-30 hours)

Date you can report to work: _____

Do you have a valid Oregon driver's license: Yes No License No: _____
(A valid Oregon driver's license is required when stated in the job description. If it is not required, please mark N/A).



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Have you ever had any license or certification suspended or revoked: Yes No

If yes, please explain: _____

Are you a veteran: Yes* No

*If yes, complete and attach form DD214 or 215 with this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.

Are you legally eligible for employment in the United States (at the time of employment):

Yes No

Education, Skills and Training

Did you graduate from high school or receive an equivalent diploma: Yes No

Name of college or university attended, if any: _____

From (mo/yy): _____ To (mo/yy): _____ Year of graduation: _____

Degree(s)/certificate(s) earned: _____

Please identify any specialized training, licenses and or certificates, experience with machines, office equipment, and/or other special skills relevant to the position for which you are applying:

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s):

Yes No

Work Experience

List below all work experience for the last 10 years, paid or unpaid, beginning with your most recent job, including military, volunteer and other jobs. Attach additional pages if necessary.



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Employer 1: _____ Position: _____

Supervisor's name and title: _____

From (mo/yy): _____ To (mo/yy): _____

Specific duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer: Yes No

Employer 2: _____ Position: _____

Supervisor's name and title: _____

From (mo/yy): _____ To (mo/yy): _____

Specific duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer: Yes No

Employer 3: _____ Position: _____

Supervisor's name and title: _____

From (mo/yy): _____ To (mo/yy): _____

Specific duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer: Yes No



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Employer 4: _____ Position: _____

Supervisor's name and title: _____

From (mo/yy): _____ To (mo/yy): _____

Specific duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer: _____ Yes _____ No

Have you ever been terminated from a job or asked to resign: _____ Yes _____ No

If yes, please explain: _____

References

Name 1: _____ Relationship: _____

Address: _____ Phone #: _____

Name 2: _____ Relationship: _____

Address: _____ Phone #: _____

Name 3: _____ Relationship: _____

Address: _____ Phone #: _____

SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS AND (POSITION DETERMINED) PRE-EMPLOYMENT DRUG SCREENING. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION. ALL NEW EMPLOYEES MUST PASS A CRIMINAL BACKGROUND CHECK AND IN SAFETY SENSITIVE POSITIONS, MUST PASS A PRE-EMPLOYMENT DRUG SCREEN.



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Applicant Certification and Acknowledgement

I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by the district I agree to comply with its lawful orders, rules, policies, and regulations.

I authorize the investigation of all matters which the district deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information the district deems pertinent to my qualifications for employment. By signing below, I release the district (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with district's background investigation. If employed, I release the district from any claims and/or liabilities for future references it may provide regarding my work history and performance with the district.

I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment. I understand that, if employed, my employment relationship with the district will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained in this application.

Applicant signature: _____ Date: _____