



**Community
Based
Activity
Program**

1341 Pacific Avenue Forest Grove, OR 97116
Tel/Fax: 503.359.2512

STAFF APPLICATION - 2021

APPLICANT INFORMATION

Name (Last, First M.): _____ DOB: _____ Date: _____

Emergency Contact: _____ **Phone Number:** _____

Medical Issues/Allergies/Reactions we should know about:

Have you been employed by CBAP before? No Yes
 Year of last employment: _____ Number of Years with CBAP? _____

Are you 18 years of age or older? No Yes
 Home Phone: _____ Cell Phone: _____

Summer Address: _____ E-mail: _____

City: _____ State, Zip: _____ Dates Unavailable: _____

Mailing Address: _____ T-SHIRT SIZE: _____

City: _____ State, Zip: _____

INTERESTED IN: CBAP – 7:45AM – 2:15PM

Type: Licensed Teaching Position
 Classroom Staff
 Hours: Full-time (Mon. – Thurs.) Volunteer
 If staff positions are full, are you willing to sub
 volunteer

EDUCATION AND TRAINING

Highest Ed.: _____ Degree: _____ Year: _____ Current Grade: _____

Do you speak any foreign languages? No Yes
 If yes, what languages? _____

Describe any specialized training:

CPR/First Aid is required. Give date of expiration or write “need to recertify.”
 CPR: _____ FA _____

PERSONAL REFERENCES

Give name, address and telephone numbers of two references who are not related to you and are not previous employers.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

EMPLOYMENT EXPERIENCE

Please list your present or most recent job. Include any job-related military service assignments and volunteer activities. Attach additional pages if necessary.

Employer: _____ Job Title: _____ Part Time Paid
 Full Time Volunteer

Address: _____ City, State: _____ Phone: _____

Supervisor: _____ Dates Employed: _____ Duties: _____

Address: _____ City, State: _____ Phone: _____

Have you ever been dismissed or discharged, or separated employment in order to avoid discipline or discharge?
 No Yes If yes, please explain:

Have you ever been convicted for any crime or sex related offenses?
 No Yes If yes, please explain:

AGREEMENT

PHYSICAL INFORMATION:

CBAP staff must be physically fit and healthy. You must be able to perform tasks, with or without reasonable accommodation.

NON-DISCRIMINATION:

The Community Based Activity Program is an equal opportunity employer and complies with all applicable state and federal statutes and regulations in employment and school district programs. CBAP does not discriminate on the basis of race, religion, color, national origin, gender, marital status, age or disability in employment or the provisions of services.

CRIMINAL CONVICTIONS:

Some jobs in our organization may not be held by persons convicted of certain crimes. If you are applying for such a position, our personnel staff will ask you if you have been convicted of a crime that would disqualify you for the particular job you are interested in. The existence of a criminal record, per se, is not an automatic bar to employment with our organization. Our personnel staff may not ask if you have ever been arrested or held for a crime for which you were not convicted.

RELEASE OF INFORMATION

I hereby grant the Community Based Activity Program permission to obtain information regarding my criminal records. I further authorize the Community Based Activity Program to check the employment references I have listed on this application form and to obtain information from prior employers regarding my employment history. I authorize the Community Based Activity Program to take any and all actions necessary to investigate and verify any information provided in my application for employment, and to obtain information relevant to evaluating my qualifications and fitness for employment with the organization. I authorize my listed prior employers, and anyone else contacted by the Community Based Activity Program, to provide such information to the organization. I hereby release the Community Based Activity Program from any liability whatsoever for obtaining and providing that information, regardless of the results. If hired, and upon leaving the employment of the organization, I authorize the Community Based Activity Program to provide information to prospective employers that is relevant to my fitness as an employee.

Name of applicant (print):	Date:
Signature of applicant:	Date:

PLEASE READ AND SIGN

I hereby declare that the facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that any omissions on this application may prevent my application from being evaluated by the organization. I understand that any misrepresentations, falsifications, or omissions on this application or on any other documents submitted to the Community Based Activity Program in the course of my application for employment will be sufficient cause for this application or on any other document submitted to the organization in the course of my application for employment shall be considered sufficient cause for immediate dismissal.

Name of applicant (print):	Date:
Signature of applicant:	Date:

NEW APPLICANTS - HOW DID YOU HEAR ABOUT OUR PROGRAM?

Web Page Newspaper Ad Employee Referral Participant Referral I was a participant Other _____

Please return form to:

Community Based Activity Program
1341 Pacific Avenue
Forest Grove, OR 97116
Fax (503) 359-2520