

For Office Use Only:

Date Track: _____

Interview Date: _____

Disposition: _____

Manager: _____

CASCADE CONNECTIONS
opportunities for everyone



Application for Employment

Applicant Information

First Name

Last Name

MI

Date (mm/dd/yyyy)

Address

City

State

Zip

Home Phone Number

Cell Phone Number

E-mail Address

Position Applying For:

Date Available For Work

Days/Hours Available to Work

No Pref. _____

Thurs _____

Mon _____

Fri _____

Tue _____

Sat _____

Wed _____

Sun _____

Type of Employment Desired:

Full-Time Part-Time On-Call Temporary

Where did you hear about Cascade Connections or who referred you to our organization?

Are you eligible to lawfully work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

Have you been employed by or applied to Cascade Connections before or any department of Cascade Christian Services?

Yes No If yes, when and where? _____

Have you ever been convicted of a crime or are there charges pending against you?

Yes No

If yes, please explain:

*****State law requires that all employed to work with individuals with disabilities must undergo a background check. Persons who do not meet the eligibility criteria and/or are convicted of assault towards another person are not eligible for hire. Cascade Connections policy also states that all employees, upon being hired and at each review thereafter, must complete a driving abstract background check.*****

Are you willing to complete a background check? Yes No

Are you willing to complete a driving abstract background check? Yes No

Education

	Name of Institution	Location	Dates Attended	Degree	Major Field Study
High School			X	X	X
College					
Graduate					
Trade					
Other					

Employment History - List your most recent job first

Company Info	Position	Start Date	End Date
Name <input type="text"/>			
Address <input type="text"/>	Major Job Duties & Responsibilities (Please be as detailed as possible) <input type="text"/>		
Phone Number <input type="text"/>	Reason for Leaving <input type="text"/>		
Email <input type="text"/>	Supervisor's Name <input type="text"/>	Title <input type="text"/>	

Company Info	Position	Start Date	End Date
Name <input type="text"/>			
Address <input type="text"/>	Major Job Duties & Responsibilities (Please be as detailed as possible) <input type="text"/>		
Phone Number <input type="text"/>	Reason for Leaving <input type="text"/>		
Email <input type="text"/>	Supervisor's Name <input type="text"/>	Title <input type="text"/>	

Company Info	Position	Start Date	End Date
Name <input type="text"/>			
Address <input type="text"/>	Major Job Duties & Responsibilities (Please be as detailed as possible) <input type="text"/>		
Phone Number <input type="text"/>	Reason for Leaving <input type="text"/>		
Email <input type="text"/>	Supervisor's Name <input type="text"/>	Title <input type="text"/>	

May Cascade Connections contact each of these employers? Yes No

If no, please explain:

Skills

Please summarize any relevant job-related skills or qualifications:

--

Please write a brief paragraph about why you want to work with people with disabilities:

--

References

Name	Relationship	Years Acquainted	Phone Number	Email

EEO Statement

Cascade Connections is an equal employment opportunity agency and stands fully committed to Affirmative Action and will not discriminate against any employee or applicant for employment on the basis of race, creed, color, national origin, sex, marital status, religion, sexual orientation, age, disability, veteran status or any other legally protected class as defined by applicable state and/or federal regulations or statutes.

Authorization to Release Information

By signing this form, I, _____ hereby recognize that I have applied for employment with Cascade Connections. I attest that everything entered in this form is truthful and honest. In completing this form and as part of the application for employment, I authorize that Cascade Connections may contact any company, institution, or individual it deems appropriate to verify the information contained in my employment application, resume, and/or verbal representations made during an interview. I authorize you to release to Cascade Connections any and all information and documentation it requests. A copy of this authorization may be accepted as an original.

Signature _____

Date _____