

Mobile Crisis Response

Part Time Team Member Job Application



1. First Name:	Middle Initial:	Last Name:	
2. Street Address (City, State, Zip):			
3. Mailing Address (City, State, Zip) If different			
5. Home Phone:			
6. Message/Cell Phone:	Can you receive and send text messages Yes [] No []		
7. Email Address:			
8. Oregon Driver's License- Do you have a valid Oregon Driver's License? [] Yes [] No If no, is your license Revoked [] Suspended [] Restricted []			
No.	Expires:	(possible military exemption may apply)	
9. Employment Eligibility Verification (failure to complete this section will disqualify you from further consideration)			
A. Are you a citizen of the United States? [] Yes [] No			
B. Are you an alien lawfully admitted for permanent residence? [] Yes [] No			
C. Are you an alien authorized by the Immigration or Naturalization Service to work in the United States? [] Yes [] No			
Are you a Veteran? [] Yes [] No If Yes: Dates you served? From: To: Can you claim Veteran's preference? []			
10. Education and Training: Please read the minimum qualifications and education/experience section on the job announcement before continuing. Copies of transcripts, certifications, licenses, degrees, etc., must be submitted with the application as appropriate, based on the minimum qualifications of the job announcement. Official transcripts may be required upon request. Foreign transcripts must be reviewed by a credentialing service (NACES) and an official letter submitted as part of the application packet.			
High School Graduate? [] Yes [] No If no, indicate highest grade completed: Equivalency Test or GED [] Yes [] No			
Name and Location of High School:			
Name and Location of College, University, Business, Trade, or Service Schools	Degree Major	Credits Earned	Degree Type
License/Registration/Certification	Number	Issue Date	Expiration Date

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Experience: Begin with your MOST RECENT experience, including military service and volunteer service. Give details on the experiences that you believe meets the minimum requirements for this position. List all experience in the last ten (10) years. Show actual time (number of hours per week) spent in each experience. A resume WILL NOT be accepted in lieu of completing the WLFEA application.

The following section must be completed even if attaching a resume.

Period of Employment		May we contact present employer? [] Yes [] No	
From	To	Name of Company:	Phone No:
__/__/__	__/__/__		
Total:		Address:	City/St/Zip:
__ Yr.(s) __ Mo(s)		Immediate	
Hours per week	Reason for Leaving:		
Your Job Title:			
Your Duties:			
Period of Employment		May we contact present employer? [] Yes [] No	
From	To	Name of Company:	Phone No:
__/__/__	__/__/__		
Total:		Address:	City/St/Zip:
__ Yr.(s) __ Mo(s)		Immediate	
Hours per week	Reason for Leaving:		
Your Job Title:			
Your Duties:			
Period of Employment		May we contact present employer? [] Yes [] No	
From	To	Name of Company:	Phone No:
__/__/__	__/__/__		
Total:		Address:	City/St/Zip:
__ Yr.(s) __ Mo(s)		Immediate	
Hours per week	Reason for Leaving:		
Your Job Title:			
Your Duties:			

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Period of Employment		May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To	Name of Company:	Phone No:
___/___/___	___/___/___		Address:
Total:		Immediate Supervisor:	
___ Yr.(s) ___ Mo(s)			
Hours per week		Reason for Leaving:	
Your Job Title:			
Your Duties:			
Period of Employment		May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To	Name of Company:	Phone No:
___/___/___	___/___/___		Address:
Total:		Immediate Supervisor:	
___ Yr.(s) ___ Mo(s)			
Hours per week		Reason for Leaving:	
Your Job Title:			
Your Duties:			
<p><i>WLFEA is an equal opportunity employer. All applicants and employees are assured of fair and equal treatment. WLFEA will recruit, employ, and provide compensation, promotion, and other conditions of employment without regard to race, national origin, religion, disability, pregnancy, age, military status, sex, or any other protected status WLFEA affirms that employment decisions shall be made based on bona fide occupational qualifications. WLFEA will continually review its employment practices and procedures to assure equality of employment opportunity. In implementing this policy, WLFEA will comply with statements of national and state policy concerning equal opportunity employment.</i></p> <p>In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment.</p> <p>I certify that I have read this entire application and that the information provided above is true and correct.</p> <p>Signature: _____ Date: _____</p>			
Personnel use only: Application accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> <input type="checkbox"/> Incomplete/Unsigned <input type="checkbox"/> Experience <input type="checkbox"/> Education <input type="checkbox"/> License/Certificate <input type="checkbox"/> Under 18 years of <input type="checkbox"/> Late submission <input type="checkbox"/> Illegible <input type="checkbox"/> Other			