



# MOUNT ANGEL ABBEY

## APPLICATION FOR EMPLOYMENT

Thank you for considering Mount Angel Abbey in your job search. Mount Angel Abbey is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or any legally protected classifications. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

Please fill out all areas of the application completely and accurately and list required information directly on the application. Do not write "see resume". If you have questions about completing this form, let us know.

### PERSONAL INFORMATION

Name \_\_\_\_\_  

First
Middle
Last

Preferred Name (i.e. John instead of Jonathan) \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email address \_\_\_\_\_

### EMPLOYMENT INFORMATION

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Date you can start \_\_\_\_\_ Days available:  Su  M  Tu  W  Th  F  Sa

Type of position:  Full Time  Part Time \_\_\_\_\_ hours per week  
 Days  Evenings  Any Shift  
 Year-Round (during school year for faculty)  Summer Only

### EDUCATION

TYPE OF SCHOOL	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	GRADUATE? <small>(list degrees/certificates)</small>
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> yes <input type="checkbox"/> no
College or University				
Other Schools				

**SPECIAL SKILLS OR TRAINING**

Please list any training or job-related skills (i.e. software applications) which should be considered

**WORK EXPERIENCE**

Please list your most recent or current jobs first. Include military service as part of your employment record.

Employer	Last supervisor	Employment dates	Pay/Salary
City, State		From	Starting
Phone		To	Ending
Reason for leaving		Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer	Last supervisor	Employment dates	Pay/Salary
City, State		From	Starting
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Reason for leaving		Your last job title	
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Phone		To	Ending
Reason for leaving		Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**GENERAL INFORMATION**

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you 18 years of age or older	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have experience in, or have you ever worked in a similar industry or business before? If yes, please explain (including length, position, and industry)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been employed or attended school using any other name? If yes, please indicate names previously used	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations? If yes, please explain  (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you able to perform the primary duties of the job as outlined in the job description or job posting with or without reasonable accommodation? If no, please explain	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been employed by us before? If yes, please list dates of employment  From _____ To _____	<input type="checkbox"/> yes <input type="checkbox"/> no

## REFERENCES

Please list three persons who are not related to you and who have knowledge of your qualifications for the job for which you are applying.

Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## ADDITIONAL INFORMATION

How did you hear about this position or the Abbey?

Newspaper ad \_\_\_\_\_  Abbey Employee \_\_\_\_\_

Agency \_\_\_\_\_  Web site \_\_\_\_\_

Walk-In \_\_\_\_\_  Other \_\_\_\_\_

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

## APPLICANT'S AUTHORIZATION AND RELEASE OF CLAIMS

*Please read carefully before signing*

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize Mount Angel Abbey to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Mount Angel Abbey has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

If hired, I recognize the rules and policies of Mount Angel Abbey. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Mount Angel Abbey or myself. I understand that the Abbot or President Rector are the only persons who have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the organization may change, withdraw and interpret policies (including wages, hours and working conditions) as it deems appropriate.

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Mount Angel Abbey for their use in evaluating my suitability for employment. Further, I release the examining facility and Mount Angel Abbey from any and all liability, and from any damage that may result from the release of such information.

I authorize Mount Angel Abbey to obtain information regarding my employment including, but not limited to, positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability and any incidents of dishonesty, insubordination, threatening or intimidating behavior, and unsafe conduct, including information based upon materials in my files.

I hereby release and hold harmless former employers or other entities their officer, employees, agents and any other person who may communicate or provide information related to my employment from any and all claims, known or unknown to me, whether related to intentional, reckless or negligent conduct, arising from or related to information requested or acquired by Mount Angel Abbey in the course of investigating and analyzing my employment history. I voluntarily grant this release to support my application for employment at Mount Angel Abbey and to encourage Mount Angel Abbey to consider my application. I agree to inform Mount Angel Abbey of any special concerns I may have related to information which Mount Angel Abbey may discover. I have carefully read and understand this Release of Claims and have voluntarily agreed to its terms to assist Mount Angel Abbey in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who will not pose a risk of harm to employees and customers. I agree to fully cooperate with Mount Angel Abbey in gathering information. I understand and agree that documents acquired by Mount Angel Abbey, with the exception of credit information, will be maintained as confidential by Mount Angel Abbey and such information will no be released to me.

If Mount Angel Abbey advances me any pay or paid leave before it is earned, loans me any money, if I fail to return or lose any company property or equipment, if I make unauthorized personal charges on a company credit card or if I fail to pay reimbursed business expenses on a company credit card, I will repay Mount Angel Abbey what I owe, and Mount Angel Abbey may withhold all or part of what I owe it via a deduction from wages, including a final paycheck, or other monies Mount Angel Abbey may owe to me. My signature on this application is my authorization for such deductions.

I acknowledge reading and understanding the foregoing statements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Permission to Procure a Criminal Background Check

PLEASE TYPE OR PRINT LEGIBLY NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

\_\_\_\_\_  
LAST FIRST FULL MIDDLE

Please list other names used and dates of name change in the last ten years:

\_\_\_\_\_  
FULL NAME DATE OF CHANGE

\_\_\_\_\_  
FULL NAME DATE OF CHANGE

\_\_\_\_\_  
FULL NAME DATE OF CHANGE

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender  Male  Female

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP

Have you ever been convicted of a crime or convicted in a military court martial?  Yes  No  
If yes, please provide details. (A yes answer will not necessarily disqualify you from employment.)

Have you ever been sanctioned or had your licenses suspended or revoked?  Yes  No

Are you currently under any investigation or pending charge?  Yes  No

Please list Residences in the last 10 years

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

## INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my affiliation to procure an investigative report. I hereby release and discharge to the extent permitted by law, Mount Angel Abbey, its employees, any individual or agency obtaining information for Mount Angel Abbey, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_