



# Employment Application

An Equal Opportunity Employer



Please read this introduction carefully before answering any questions. Various Federal and State Laws, prohibit discrimination because of race, color, religion, sex, national origin, age, handicap and/or military service. None of the questions contained herein are intended to elicit information in violation of these laws or to be used in a discriminating manner. All applicants will be required to submit to a test for intoxicants prior to employment. Failure to submit to a test will result in withdrawal of a conditional offer of employment, if such an offer has been made. Consideration for employment is conditioned upon submitting to testing and receiving a negative test result. Copies of the company's Drug and Alcohol Policy are available to all applicants upon request. To be considered for employment this application must be filled out completely.

Last Name		First Name		Middle Name	
Address				City	
State		Zip Code		Email address	
Home Phone		Cell Phone		Social Security #	
Applying for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Availability: 1st shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd shift <input type="checkbox"/>		Preferred Work shift:	
Currently Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>				This Company Operates its Facilities Seven Days per week, 365 days per year. All employees are Subject to being Scheduled on Saturday and Sunday	
How many hours per week can you work:		Are you currently a Student:		Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you Legally Permitted to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		How were you Referred to this Company?		Position Desired:	
Salary expected:		Date Available for Work:			
Have you ever been employed by this Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Previously employed with this company please list dates and position:			
Are any of your Friends or Family employed by this Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Friend or Relative is currently employed with us please state name and position:			
Have you ever been convicted of a Misdemeanor or Felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please Explain:					
Have you ever been convicted of any form of Abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please Explain:					
Previous conviction will not automatically result in disqualification for employment					
<b>Education &amp; Skills</b>					
Name of School		City & State Where Located		Course of Study	Highest Grade
High School					
					Yes <input type="checkbox"/> No <input type="checkbox"/>
College					
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate or Technical Programs					
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Programs					
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Summarize any special Skills, Qualifications, and/or Certifications Acquired through Employment or Other Experience:					
<b>Military</b>					
Branch of Service		Dates of Service:		Rank at Separation or Discharge:	
Principal Duties while in Service:				Special Training Received	

## Employment Record

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Services. Include any relevant voluntary and/or part-time experience. Use additional sheet if necessary. Incomplete applications will not be considered for employment. Please do not write "refer to attached resume"

Employer Name & Address	Dates Employed		Salary		Supervisor
	From	To	Start	End	
	Reason for Leaving		Job Description		
Phone Number					
	From	To	Start	End	
	Reason for Leaving		Job Description		
Phone Number					
	From	To	Start	End	
	Reason for Leaving		Job Description		
Phone Number					
	From	To	Start	End	
	Reason for Leaving		Job Description		
Phone Number					

### Personal References (do not list names of relatives or former employers)

Name	Phone Number	Occupation	Years Known
1.			
2.			
3.			

### Please Read Carefully - Applicant's Certification and Agreement

*The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be sufficient cause for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all claims and liabilities of any nature arising from such investigations. I understand that my present employer will not be contacted before I accept employment, without my specific approval. I agree to conform to the rules and regulations of the company, and understand that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the company or myself. I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that an offer for employment will be contingent on my ability to prove that I am authorized to work in the United States as required by the Immigration Reform and control Act of 1986. I also understand that any offer of employment is contingent on the successful completion of the pre-employment drug screen and Background Check.

**The Masonic Grand Lodge of Oregon/Jennings McCall is an Affirmative Action Company**

This facility is smoke-free; smoking is not allowed any place within the building. Maintaining a smoke-free environment is a condition of employment.

# *Masonic Grand Lodge/Jennings McCall Center*

## *EEOC Voluntary Disclosure Form*

*Each year the company must report to the federal government information on the number of women and minorities in certain occupational categories. In order to meet our obligations, we ask that you answer the following questions about your gender, ethnicity and race. This information is voluntary.*

If you do not want to complete this survey, no action will be taken against you.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

Job Title/Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

### **Question 1 – Ethnicity**

**Are you Hispanic or Latino?** This refers to a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. (Check One)

- Yes**, Hispanic or Latino
- No**, not Hispanic or Latino

*If you answered “Yes” to Question 1, then go to Question 3.*

### **Question 2 – Race (Check all that apply)**

- White – (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American – (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa
- Asian – (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native – (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South American (including Central American), and who maintain a tribal affiliation or community attachment
- Native Hawaiian or Other Pacific Islander – (Not Hispanic or Latino)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

### **Question 3 - Gender**

Are you (check one):  Male or  Female