

<u>NAME (LAST, FIRST, M.I.)</u>	<u>HOME TELEPHONE (include area code)</u>
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WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications of the job for which you are applying. Starting with **your current or most recent job**, list all your jobs (paid or volunteer) for the last five positions.

1. **Critical:** If you held more than one position within the same company, **list the final position in the "Job Title" section, and the other positions/wages in the "Duties Section"**. Provide your duties as well as beginning and ending dates and average hours worked per week for each position.
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualifications for the job, your application may not be accepted. Attach additional sheets if necessary.
3. **Critical:** If duties of a previous job that would qualify you for the position for which you are applying were not the main focus of that job, **provide the percentage of time** you spent doing the duties that qualify you for the recruitment.
4. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 1-%; or 5 hours out of a 20 hour week = 25%.

A RESUME WILL NOT SUBSTITUTE FOR COMPELTION OF THE WORK HISTORY SECTION.

Complete each box. If you do not provide all the information in the "Work History" section, no credit will be given for that job.

RECRUITMENT TRACKING INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied for: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

Newspaper (List Publication) _____
 Employment Office _____
 Employee Referral Friend State Agency Recorded Jobline
 Other: _____

WORK HISTORY

JOB NUMBER 1 (Current or most recent position)			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
Job Title:		<u>SUPERVISION/ LEADWORK: Check areas you were responsible for:</u> ___ Assigning & Reviewing work ___ Handling Disciplinary Problems ___ Hiring or ___ Recommending Hiring ___ Rating Work Performance ___ Responding to Grievances ___ Not responsible for any of the above <u>If you checked any of the boxes, list the number of employees and their job titles:</u>	
From (Month - Year)	To (Month - Year)		
Total Time in Current Position	Total Hours Per Week		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.): Reason for leaving this position:			

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS & PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
Job Title:		<u>SUPERVISION/ LEADWORK: Check areas you were responsible for:</u> ___ Assigning & Reviewing work ___ Handling Disciplinary Problems ___ Hiring or ___ Recommending Hiring ___ Rating Work Performance ___ Responding to Grievances ___ Not responsible for any of the above <u>If you checked any of the boxes, list the number of employees and their job titles:</u>	
From (Month - Year)	To (Month - Year)		
Total Time in Current Position	Total Hours Per Week		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.): Reason for leaving this position:			

JOB NUMBER 3

NAME OF EMPLOYER

EMPLOYER'S ADDRESS & PHONE NUMBER

KIND OF BUSINESS

SUPERVISOR'S NAME AND PHONE NUMBER

Job Title:

SUPERVISION/ LEADWORK: Check areas you were responsible for: ___ Assigning & Reviewing work
 ___ Handling Disciplinary Problems ___ Hiring or
 Recommending Hiring ___ Rating Work Performance
 ___ Responding to Grievances
 ___ Not responsible for any of the above

From (Month - Year)

To (Month - Year)

Total Time in Current
PositionTotal Hours
Per Week

If you checked any of the boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 4

NAME OF EMPLOYER

EMPLOYER'S ADDRESS & PHONE NUMBER

KIND OF BUSINESS

SUPERVISOR'S NAME AND PHONE NUMBER

Job Title:

SUPERVISION/ LEADWORK: Check areas you were responsible for: ___ Assigning & Reviewing work
 ___ Handling Disciplinary Problems ___ Hiring or
 Recommending Hiring ___ Rating Work Performance
 ___ Responding to Grievances
 ___ Not responsible for any of the above

From (Month - Year)

To (Month - Year)

Total Time in Current
PositionTotal Hours
Per Week

If you checked any of the boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 5

Name of Employer

Employer's Address and Phone Number

Kind of Business

Your Supervisors Name and Phone Number

Job Title:

SUPERVISION/ LEADWORK: Check areas you were responsible for: ___ Assigning & Reviewing work ___ Handling Disciplinary Problems ___ Hiring or Recommending Hiring ___ Rating Work Performance ___ Responding to Grievances ___ Not responsible for any of the above

If you checked any of the boxes, list the number of employees and their job titles:

From (Month - Year)

To (Month - Year)

Total Time in Current Position

Total Hours Per Week

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment or dismissal from employment if discovered after employment; and under some circumstances may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the Veterans Care Centers of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the Veterans Care Centers of Oregon to check my driving record if the position for which I am applying requires driving or if the position I am applying for involves the administration of medication.
- You may be asked to submit to a pre-employment drug test, a pre-employment screening test, and/or a credit history check as a condition of employment.
- You will be asked to authorize a criminal history background check as a condition of employment.
- I release the Veterans Care Centers of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the Veterans Care Centers of Oregon's hiring process.

SIGNATURE (Must be signed IN INK):

DATE: