EMPLOYMENT APPLICATION

Name:		Date:
Address:		SSN:
City:	State:	Zip:
Home phone:	Message:	

GENERAL INFORMATION

Position applied for: _____ Full-time ☐ Part-time ☐ On-call ☐

Where did you learn about the position you are applying for? _____

Have you worked or applied here before?…….. Yes ☐ No ☐

When would you be available to start work? _____

Are there any times/days you are not available to work?……. Yes ☐ No ☐

If yes, what are they? _____

Are you legally authorized to work in the United States for Kairos Northwest?…… Yes ☐ No ☐

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B)? Yes ☐ No ☐

Are you 18 years of age or older?…….. ……. Yes ☐ No ☐

Do you have any friends/relatives working here?…….. Yes ☐ No ☐

Do you have a valid driver's license? …….. Yes ☐ No ☐

Do you have a minimum of 3 years driving experience?…….. Yes ☐ No ☐

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?……. Yes ☐ No ☐

If accommodation is necessary, please describe that accommodation:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

EDUCATION

Name and location of high school? ☐ Diploma ☐ GED

List name and location of college or university	Major	Years Attended	Degree or Diploma

Please list additional licenses and credentials.

List other experience, training or skills that qualify you for this position.

EMPLOYMENT HISTORY

Name of Employer:	Check one: ☐ Full-time	☐ Part-time	
Address:	City:	State:	Zip:
Job Title:	Dates Of Employment:		
Reason for Leaving:	Salary: Begin:	End:	
Specific Duties:			
Supervisor's Name:	Contact number:		

Name of Employer:	Check One: ☐ Full-time	☐ Part-time	
Address:	City:	State:	Zip:
Job Title:	Dates Of Employment:		
Reason for Leaving:	Salary: Begin:	End:	
Specific Duties:			
Supervisor's Name:	Contact number:		

Name of Employer:	Check One: ☐ Full-time	☐ Part-time	
Address:	City:	State:	Zip:
Job Title:	Dates Of Employment:		
Reason for Leaving:	Salary: Begin:	End:	
Specific Duties:			
Supervisor's Name:	Contact number:		

Please complete if less than five years work history is listed above.

Date	Employer Name and Contact Number	Position

WORK RELATED PROFESSIONAL REFERENCES

Please provide the names and phone numbers of at least three **work related** professional references, such as previous supervisors, co-workers. (No friends or family, please!)

Name			Phone	Relationship
City	State	Zip Code		Years Known

Name			Phone	Relationship
City	State	Zip Code		Years Known

Name			Phone	Relationship
City	State	Zip Code		Years Known

In case of an emergency, please notify:

Name			Phone	Relationship
City	State	Zip Code		

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving records, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for a complete disclosure of the nature and scope of any investigation.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without *fear* of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

Your Name _____ Today's Date _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

PRE-EMPLOYMENT/NEW EMPLOYEE
EO 11246 and VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT (VEVRAA)

VOLUNTARY SURVEY

Kairos is a government contractor subject to Executive Order 11246 and the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), which requires affirmative action to employ and advance in employment qualified individuals without regard to race, color, national origin, religion, or veteran status.

We are compiling information to assist us in complying with our Affirmative Action Program goals, and are requesting you to complete this survey.

Submission of this information is completely voluntary. Information provided will be kept confidential and used only in ways consistent with Executive Order 11246, VEVRAA and government reporting requirements. **Refusal to provide information will not subject you to any adverse employment decision.**

Completion of this portion is <u>required</u> regardless of participation in the survey.

Name _____ **Position Applied For:** _____

Address _____ City _____ State _____ Zip _____

☐ I Will Participate ☐ I Choose Not To Complete the Survey

*MARK ONE OF THE FOLLOWING CATEGORIES FOR **GENDER:*** ☐ Male ☐ Female

*MARK ONE OF THE FOLLOWING CATEGORIES FOR **ETHNICITY** :* ☐ Hispanic ☐ Not Hispanic

*MARK ONE OF THE FOLLOWING CATEGORIES FOR **RACE:** (Please mark one **in addition** to the selection above. If you are more than one race please mark the "Two or More Races" box):*

☐ Two or More Races (Non-Hispanic)
☐ Asian (Only)
☐ American Indian or Alaska Native (Only)
☐ Black or African American (Only)
☐ Native Hawaiian or other Pacific Islander (Only)
☐ White (Only)

*MARK ONE OF THE FOLLOWING CATEGORIES FOR **VETERAN STATUS:***

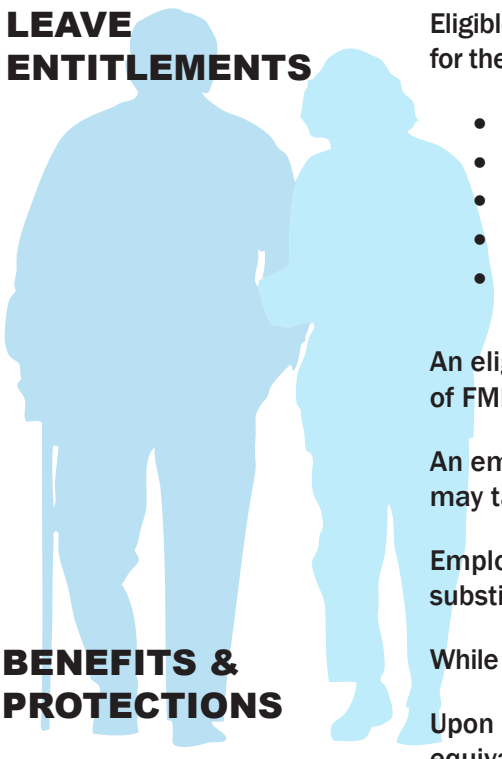
☐ I am a Protected Veteran ☐ I am not a Protected Veteran

You are a "protected veteran" under VEVRAA if you belong to one of the veterans categories described below:

- ***Disabled Veteran***
  Veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
- ***Active Duty Wartime or Campaign Badge Veteran***
  A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.
- ***Recently Separated Veteran***
  A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
- ***Armed Forces Service Medal Veteran***
  A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION



LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

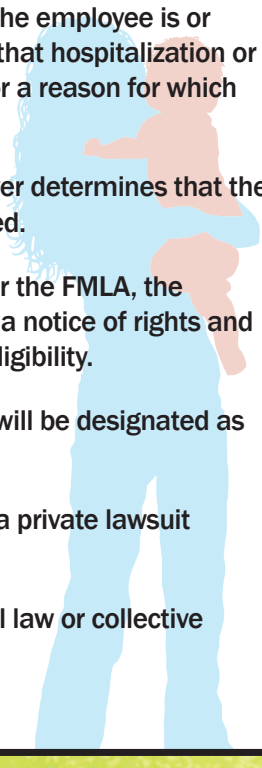
*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.



EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

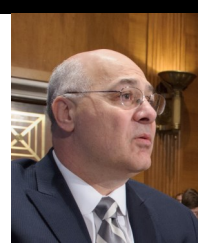
U.S. Department of Labor | Wage and Hour Division

WH1420 REV 04/16

BUREAU OF LABOR AND INDUSTRIES

Oregon FAMILY LEAVE ACT

Brad Avakian, Commissioner



NOTICE TO EMPLOYERS AND EMPLOYEES

The Oregon Family Leave Act (OFLA) requires employers of 25 or more employees to provide eligible workers with protected leave to care for themselves or family members in cases of death, illness, injury, childbirth, adoption and foster placement. ORS 659A.150-659A.186

When can an Employee take Family Leave?

Employees can take family leave for the following reasons:

- **Parental Leave** during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of a mental or physical disability. Parental leave includes leave to effectuate the legal process required for foster placement or adoption.
- **Serious health condition leave** for the employee's own serious health condition, or to care for a spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, step parent, parent in law, parent of same-gender domestic partner, grandparent, grandchild, a person whom the employee is or was a relationship of in loco parentis, biological, adopted, foster or step child of an employee or the child of an employee's same-gender domestic partner.
- **Pregnancy disability leave** (a form of serious health condition leave) taken by a female employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care.
- **Sick child leave** taken to care for an employee's child with an illness or injury that requires home care but is not a serious health condition.
- **Bereavement leave** to deal with the death of a family member.
- **Oregon Military Family Leave** is taken by the spouse or same gender domestic partner of a service member who has been called to active duty or notified of an impending call to active duty or is on leave from active duty during a period of military conflict.

Who is Eligible?

To be eligible for leave, workers must be employed for the 180 day calendar period immediately preceding the leave and have worked at least an average of 25 hours per week during the 180-day period.

Exception 1: For parental leave, workers are eligible after being employed for 180 calendar days, without regard to the number of hours worked.

Exception 2: For Oregon Military Family Leave, workers are eligible if they have worked at least an average of 20 hours per week, without regard to the duration of employment.

Exception 3: For compensable Workers Compensation injuries, for certain Workers Compensation injuries involving denied and then accepted claims and for certain accepted claims involving more than one employer.

Exception 4: When an employee is caring for a family member with a serious health condition and the same family member dies, the employee need not requalify with the 25 hour per week average to be eligible for bereavement leave.

How much Leave can an Employee take?

- Employees are generally entitled to a maximum of 12 weeks of family leave within the employer's 12-month leave year.
- A woman using pregnancy disability leave is entitled to 12 additional weeks of leave in the same leave year for any qualifying OFLA purpose.
- A man or woman using a full 12 weeks of parental leave is entitled to take up to 12 additional weeks for the purpose of sick child leave.
- Employees are entitled to 2 weeks of bereavement leave to be taken within 60 days of the notice of the death of a covered family member.
- A spouse or same gender domestic partner of a service member is entitled to a total of 14 days of leave per deployment after the military spouse has been notified of an impending call or order to active duty and before deployment and when the military spouse is on leave from deployment.

What Notice is Required?

Employees may be required to give 30 days notice in advance of leave, unless the leave is taken for an emergency. Employers may require that notice is given in writing. In an emergency, employees must give verbal notice within 24 hours of starting a leave.

Is Family Leave paid or unpaid? Benefits?

- Although Family Leave is unpaid, employees are entitled to use any accrued paid vacation, sick or other paid leave.
- Employees are entitled to group health insurance benefits during family leave as if they continued working.

How is an Employee's job Protected?

Employers must return employees to their former jobs or to equivalent jobs if the former position no longer exists. However, employees on OFLA leave are still subject to nondiscriminatory employment actions such as layoff or discipline that would have been taken without regard to the employee's leave.

FOR ADDITIONAL INFORMATION:

Employer Assistance . . .971-673-0824
Portland 971-673-0761
Eugene 541-686-7623
Salem 503-378-3292

www.oregon.gov/BOLI

BOLI
Civil Rights Division
800 NE Oregon, #1045
Portland, OR 97232

Employees who have been denied available leave, disciplined or retaliated against for requesting or taking leave, or have been denied reinstatement to the same or equivalent position when they returned from leave, may file a complaint with BOLI's Civil Rights Division.

This is a summary of laws relating to Oregon Family Leave Act. It is not a complete text of the law.

January 2016

THIS INFORMATION MUST BE POSTED IN A CONSPICUOUS LOCATION