



CASCADE ENFORCEMENT AGENCY

6700 SW 105th Ave Suite 110 Beaverton, OR 97008 503.291.5082

EMPLOYMENT APPLICATION		
FOR OFFICE USE ONLY		
Interview Scheduled: _____	Second Interview Date: _____	
Hire Date: _____	Agent ID: _____	
Cascade Enforcement Agency, Inc is an EQUAL OPPORTUNITY EMPLOYER. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.		
Position Applied for: _____	Date of Application: _____	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Have you ever filled out an application with us before <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone: Home		Phone: Cell
Date of Birth:	Social Security No.	Drivers License Number
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Date Available to work: _____		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? _____		
Place of Birth (City and State)		Are you currently employed <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Shift Work

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

RESIDENCES			
List all addresses where you have lived during the past 10 years beginning with the present address. List date by month and year. Attach extra pages if necessary.			
From	To	Address	City & State

PLEASE USE BACK OF PAGE TO LIST MORE RESIDENCES IF NEEDED

WORK HISTORY

Beginning with your present or most recent job, list all employment past 10 years including part-time. Temporary or seasonal employment. **Include all periods of unemployment.** Attach extra pages if necessary.

Company		Supervisor:
Address		Phone:
Job Title		Name of coworker
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Supervisor:
Address		Phone:
Job Title		Name of coworker
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Supervisor:
Address		Phone:
Job Title		Name of coworker
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

SPECIAL QUALIFICATIONS AND SKILLS DPSST Certified Yes No First Aid/CPR Yes No

Additional Certs: Specialized training and certifications:

ARREST, DETENTION AND LITIGATION: Have you ever been arrested, detained by police or summed into court: Yes No

If Yes: Please explain:

Availability Form: This section will help us in determining your work availability and goals. This section will be used as a reference in scheduling you.

Are you currently employed? Yes No If yes what are the hours?

May we contact your current/previous employer Yes No

Have you ever been convicted of a felony or misdemeanor EVER? Yes No If Yes: Please explain:

Do you have any limitations that would hinder you from performing the duties required for the position in which you are applying for? Yes No If Yes: Please explain:

Are you over 19 years of Age? (minimum age for employment is 19) Yes No

Are you over 23 years of age? (Drivers must be over 23 for insurance purposes) Yes No

Are you available to work indoors, outdoors and in varying conditions and climates? Yes No

Are you willing to work over-time? Yes No Are you willing to be on-call on your days off? Yes No

Are you capable of performing with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No If No, please explain:

Desired hourly pay rate: _____ Desired number of hours per week _____

Check the days you can work: Mon Tues Wed Thurs Fri Sat Sun

Check the shifts you are available to work Swing Graveyard Days Can you travel if a job requires it?
 Yes No

Traffic Record: Has your driver's license ever been suspended or revoked? Yes No If Yes, give reason:

How many traffic accidents have you gotten into the past 7 years _____ Were you at fault? Yes No

Please explain:

Have you ever applied for a permit to carry a concealed weapon? Yes No If yes, please supply the following information

Permit Granted Yes No Date Granted: _____ Issuing Agency and Purpose _____

Are there any incidents in your life or details not mentioned herein which may influence this Agency's evaluation of your suitability for employment? Yes No If Yes, please explain:

I certify that the answers given herein are true to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. The Company has my permission to verify the information in this application. I authorize persons, schools and current or previous employers (if applicable) named in this application (and accompanying resume, if any) to provide Cascade Enforcement Agency with any relevant information needed to arrive at an employment decision. Initials: _____

I understand that if I am extended an offer of employment I will be required to submit a drug test and that my employment is conditioned upon the resulted of the examination. Initials: _____

This application of employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. Initials: _____

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resugn at any time and that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization. Initials: _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations by the employer. Initials : _____

Signature of Application: _____

Date: ___/___/___

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	