HEART OF OREGON CORPS
Empowering change.

AMERICORPS

- **Heart of Oregon Corps screens applicants based on their eligibility for our programs and their motivation to complete our programs.**

- **See www.heartoforegon.org for due dates and eligibility information for various programs. Questions? Call us at 541-633-7834. TYY/TDD: Dial 711**

Initial Application for <u>All</u> Programs

Which Heart of Oregon Corps Program(s) are you applying to?

☐ AmeriCorps   ☐ Stewardship   ☐ COYCC

☐ YouthBuild   ☐ Not sure (a staff member will call to discuss which program fits your needs)

Applicant Information

Full Name: _____ Date:_____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____ Email_____

Secondary
Contact Name: _____ Relationship to you:_____ Secondary Contact
Phone Number: _____

Date of Birth: _____ Current Age:_____

Are you a citizen of the United States,   YES   NO
National or Permanent Resident Alien?   ☐   ☐   If no, are you authorized to work in the U.S.?   YES ☐ NO ☐

Have you ever worked for this company?   YES ☐ NO ☐   If yes, when?_____

Gender (optional)?   M ☐   F ☐   O ☐

Race/Ethnicity
(optional) _____

Education

High School: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Diploma:_____

College: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

Previous Employment

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Personal Goals

Check the areas that are of interest to you while in program:

☐ Gain Construction Skills

☐ Gain Land Conservation Skills

☐ Explore Career Options

☐ Complete GED

☐ Complete Diploma

☐ Prepare for College

☐ Attend College

What are your goals after program completion?

☐ Return to High School for Diploma

☐ Attend College/Vocational School

☐ Find Full-time Employment

☐ Find Part-time Employment

☐ Not Sure

Motivational Statement

Tell us why you want to join a Heart of Oregon Corps program and what you hope to learn or gain through your service.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Certification, Disclaimer and Signature

I understand that this application may be the first step in a longer enrollment process. That process may include a background check, drug test, interview, and/or additional paperwork.

Heart of Oregon Corps is a drug free workplace and does not permit the use of tobacco products, alcohol, or drugs in our programs. I certify that all of the statements made in this application are true to the best of my knowledge. As a recipient of Federal financial assistance, Heart of Oregon Corps is prohibited from discriminating on the grounds of race, color, religion, gender, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Heart of Oregon Corps' YouthBuild project is funded by a grant awarded under the YouthBuild grant initiative, as implemented by the US Department of Labor's Employment and Training Administration.

Signature: _____   Date: _____

Parent/Guardian Signature (If
applicant is under 18): _____   Date: _____