



DEPAUL STAFFING

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 Boise, ID: 1406 N. Main Street, Suite 200, Meridian, ID 83642 | Phone: (208) 780-0081 | Fax: (208) 780-3704

This application is a fillable form. Please type in your information; tab to next field. For checkboxes, hit the spacebar to mark the appropriate box or select with your mouse. Please print a hard copy of your application and bring to your Orientation appointment. To make an appointment, call the nearest branch above.

Personal Information			
Full Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:		Apartment/Unit #	
City:		State:	Zip Code:
Home Phone: ()		Cell Phone: ()	
E-mail Address:			
Emergency Contact:		()	
Social Security No.:		What is the lowest hourly wage you would accept? \$ per hour	

Applicant Eligibility Information				
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you applied for any position with DePaul in the past 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	

Availability / Transportation	
Hours available	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Overtime <input type="checkbox"/> Any hours
Shift available	<input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Any shift
Days available	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Transportation	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Other
How much time are you willing to commute (one-way)?	

Locations & Zones Available				
OREGON <input type="checkbox"/> Portland <input type="checkbox"/> Portland – East Metro <input type="checkbox"/> Portland – West Metro <input type="checkbox"/> Portland – SE Metro <input type="checkbox"/> Portland – SW Metro <input type="checkbox"/> Salem <input type="checkbox"/> Corvallis <input type="checkbox"/> Eugene <input type="checkbox"/> The Dalles <input type="checkbox"/> Southern Oregon <input type="checkbox"/> North Coast <input type="checkbox"/> South Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Central Oregon <input type="checkbox"/> Eastern Oregon	WASHINGTON <input type="checkbox"/> Battleground <input type="checkbox"/> Bremerton <input type="checkbox"/> Silverdale <input type="checkbox"/> Camas <input type="checkbox"/> Tri-Cities <input type="checkbox"/> Vancouver <input type="checkbox"/> Walla Walla	ARIZONA <input type="checkbox"/> Tuscon <input type="checkbox"/> Sierra Vista	IDAHO <input type="checkbox"/> Boise <input type="checkbox"/> Meridian <input type="checkbox"/> Eagle <input type="checkbox"/> Nampa <input type="checkbox"/> Caldwell	MARYLAND <input type="checkbox"/> Aberdeen <input type="checkbox"/> E. Baltimore <input type="checkbox"/> W. Baltimore <input type="checkbox"/> S. Baltimore <input type="checkbox"/> Towson DELAWARE <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex



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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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>



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Past Temporary Employment Experience

Staffing Service:
Company Assigned To:
Supervisor:
Length of Assignment: Pay Rate: \$
Staffing Service:
Company Assigned To:
Supervisor:
Length of Assignment: Pay Rate: \$
Staffing Service:
Company Assigned To:
Supervisor:
Length of Assignment: Pay Rate: \$

Temporary Worker Questionnaire

A Qualified Rehabilitation Facility (QRF) temporary service provider must obtain a written statement from the contracted employee attesting to the accumulative hours worked for any state agency under the QRF contract or any other QRF provider plus any other hours worked as a state temporary employee with the state during the 12 month period. This requirement is for a consecutive 12-month period.

Within the last 12 months, have you worked for a QRF as a temporary employee assigned to a State contract? YES NO

Agency:

From: To: Hours Worked:

Agency:

From: To: Hours Worked:

Within the last 12 months, have you worked for a State Agency as a temporary employee assigned to a State contract? YES NO

Agency:

From: To: Hours Worked:

Agency:

From: To: Hours Worked:



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Please check ONLY those skills that you have done in the past that you are willing to do again.

Skills

Languages, Licenses, and driving requirements section with checkboxes for various skills and languages.

Office Skills

Office Skills section containing categories like Customer Service, General Clerical, Professional, Software, Data Entry, Medical, Finance, Office Administration, Technical, and Typing.

Light Industrial Skills

Light Industrial Skills section containing categories like Assembly, Groundskeeper, Light Industrial, Security, Driver, Janitorial, Printing, and Trades.



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Education					
High School:		Address:			
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:

Military Service					
<input type="checkbox"/> Special Disabled Veteran <small>(A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.</small>	<input type="checkbox"/> Veteran of the Vietnam-era <small>A person who: (A) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.</small>	<input type="checkbox"/> Other Veteran <small>Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix B. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with internet access, the information required to make this determination is available at http://www.opm.gov/veterans/html/vgmedal2.htm.</small>			
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Air Force	<input type="checkbox"/> Reserve/Guard

Referral Information
How were you referred to DePaul Staffing? (i.e. name of person, website, job ad, etc.)

Additional Information
Please include any additional information, such as lapses in employment, additional skills, job goals:

Disclaimer and Signature
<p><i>I certify that I have not knowingly withheld any information on this form. I understand that any misrepresentations or material omissions will result in my being eliminated from further consideration. My signature below also certifies that I know if I am accepted for employment, any misrepresentation or material omission on this form could result in the immediate termination of my employment.</i></p> <p><i>I understand that I will be required to provide documents which establish and verify my identity, my authorization to work in the United States, as well as any statements that I have made on this form. I agree, if appropriate to the job I am seeking, to provide these documents if hired.</i></p> <p><i>Lastly, my signature below serves as acknowledgement of the fact that DePaul is an at-will employer, which simply means that both the Company and I have the right to end the employment relationship at any time, with or without notice and with or without cause. Neither this form nor any other verbal or written representation made during this application process can be considered a contract of employment for any specific period of time.</i></p>
Signature: _____ Date: _____