



www.studentvisions.org

EMPLOYMENT APPLICATION AND AGREEMENT

Student Visions is an Equal Opportunity Employer and encourages diversity

The undersigned _____ has applied for employment at Student Visions and understands and agrees to the following:

1. **Background Check.** The nature of Student Visions programs involves students, many of whom are minors. Because of the sensitivity of such work, to protect such students from potential harm and Student Visions personnel and the company from unwarranted claims, it is necessary that background checks be conducted of those persons working on our behalf. Such background check will be made of all applicants for employment. Such checks will include a criminal records check by the Lake Oswego Police Department or other police agencies, and/or a drug test should your employment position involve frequent direct or unsupervised one-on-one contact with students. The undersigned, if applying for such a role, will by separate document authorize such check and/or test to be conducted and agrees to cooperate by providing such information and bodily fluids as may be necessary. The cost of such check or test shall be borne solely by Student Visions. Student Visions agrees that such check and test will be conducted in a confidential manner and any resulting information maintained in a confidential file by the Human Resources Director. Student Visions shall have full and final discretion as to whether the information produced by such investigation relates directly to the capability or suitability of undersigned to serve Student Visions in the role intended.
2. **Employment Status.** The undersigned agrees that employment with Student Visions is “at will” and will be conducted under the terms and provisions of the Student Visions Employee Handbook and Student Visions Code of Ethics. If employed, applicant will be furnished a personal copy of such Handbook and Code and will be requested to acknowledge in writing the receipt of the both documents.

POSITION APPLIED FOR _____

EXPECTED COMPENSATION _____

Personal Information:

Full Name _____

Residence Address _____

Residence Telephone _____

Cell-Phone _____

E-Mail Address _____

Social Security Number _____

Name, Address and of Telephone Number of Nearest Relative

School or Job Information:

If in school, what school? _____

What is your current year in school _____

What is your work experience? _____

If additional space is needed in order to be complete, please attach additional page(s) to this application.

Specific Job Skills for Position applied for: _____

Important Questions:

Are you presently charged with or have you been convicted of any crime(s)? _____

If so, list where, when and the outcome? _____

Have you ever failed a drug test? _____

If so, where and when _____

Have you ever had or used another name? _____

If so, what, where and when? _____

References:

Provide the names and contact numbers for three or more references who are not related to you.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Do you have a medical condition or are you taking or in need of any prescription medication that we need to be aware of? Understand that disclosure of any such medical condition or need of prescription medicine will not disqualify you for the role applied for, but is intended for your safety in case of a medical emergency on our premises.

Additional information you wish us to consider?

I certify that the information provided above is complete and accurate and that acceptance of my offer of employment is subject to the results of a background check and at the discretion of Student Visions.

Applicant's Signature

Date

Student Visions Response:

- Application Received Background Check Completed
- Criminal Records and/or Drug Test Completed
- Application Rejected
- Application Accepted and Applicant's Role Assigned

Human Resources Director

Date

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Student Visions is an Oregon not-for-profit corporation which provides academic assistance and other services to students, many of whom are minor children. Because of the nature of such work, Student Visions requires that all applicants for employment with Student Visions be screened by a background check before being considered for employment. Such background check may involve information about credit history, criminal record, past employment, education, personal character, references, and professional licenses.

The undersigned by this document authorizes such background check to be made and offers the following information:

NAME _____

CURRENT ADDRESS _____

PREVIOUS ADDRESSES OVER LAST SEVEN YEARS

ANY OTHER NAMES (OTHER THAN MAIDEN NAME) USED IN LAST SEVEN YEARS

SOCIAL SECURITY NUMBER _____

Applicant

Date