# **EMPLOYEE RIGHTS**

#### **UNDER THE NATIONAL LABOR RELATIONS ACT**

The NLRA guarantees the right of employees to organize and bargain collectively with their employers, and to engage in other protected concerted activity. Employees covered by the NLRA are protected from certain types of employer and union misconduct. This Notice gives you general information about your rights, and about the obligations of employers and unions under the NLRA. Contact the National Labor Relations Board, the Federal agency that investigates and resolves complaints under the NLRA, using the contact information supplied below, if you have any questions about specific rights that may apply in your particular workplace.

#### Under the NLRA, you have the right to:

- Organize a union to negotiate with your employer concerning your wages, hours, and other terms and conditions of employment.
- · Form, join or assist a union.
- Bargain collectively through representatives of employees' own choosing for a contract with your employer setting your wages, benefits, hours, and other working conditions.
- Discuss your terms and conditions of employment or union organizing with your co-workers or a union.
- Take action with one or more co-workers to improve your working conditions by, among other means, raising work-related complaints directly with your employer or with a government agency, and seeking help from a union.
- Strike and picket, depending on the purpose or means of the strike or the picketing.
- Choose not to do any of these activities, including joining or remaining a member of a union.

#### Under the NLRA, it is illegal for your employer to:

- Prohibit you from soliciting for a union during non-work time, such as before or after work or during break times; or from distributing union literature during non-work time, in non-work areas, such as parking lots or break rooms.
- Question you about your union support or activities in a manner that discourages you from engaging in that activity.
- Fire, demote, or transfer you, or reduce your hours or change your shift, or otherwise take adverse action against you, or threaten to take any of these actions, because you join or support a union, or because you engage in concerted activity for mutual aid and protection, or because you choose not to engage in any such activity.
- Threaten to close your workplace if workers choose a union to represent them.
- Promise or grant promotions, pay raises, or other benefits to discourage or encourage union support.
- Prohibit you from wearing union hats, buttons, t-shirts, and plns in the workplace except under special circumstances.
- Spy on or videotape peaceful union activities and gatherings or pretend to do so.

# Under the NLRA, it is illegal for a union or for the union that represents you in bargaining with your employer to:

- Threaten you that you will lose your job unless you support the union.
- Refuse to process a grievance because you have criticized union officials or because you are not a member of the union.
- Use or maintain discriminatory standards or procedures in making job referrals from a hiring hall.
- Cause or attempt to cause an employer to discriminate against you because of your union-related activity.
- Take other adverse action against you based on whether you have joined or support the union.

If you and your coworkers select a union to act as your collective bargaining representative, your employer and the union are required to bargain in good faith in a genuine effort to reach a written, binding agreement setting your terms and conditions of employment. The union is required to fairly represent you in bargaining and enforcing the agreement.

Illegal conduct will not be permitted. If you believe your rights or the rights of others have been violated, you should contact the NLRB promptly to protect your rights, generally within six months of the unlawful activity. You may inquire about possible violations without your employer or anyone else being informed of the inquiry. Charges may be filled by any person and need not be filled by the employee directly affected by the violation. The NLRB may order an employer to rehire a worker fired in violation of the law and to pay lost wages and benefits, and may order an employer or union to cease violating the law. Employees should seek assistance from the nearest regional NLRB office, which can be found on the Agency's website: <a href="https://www.nlrb.gov">www.nlrb.gov</a>.

Click on the NLRB's page titled "About Us," which contains a link, "Locating Our Offices." You can also contact the NLRB by calling toll-free: 1-866-667-NLRB (6572) or (TTY) 1-866-315-NLRB (6572) for hearing impaired.

\*The National Labor Relations Act covers most private-sector employers. Excluded from coverage under the NLRA are public-sector employees, agricultural and domestic workers, independent contractors, workers employed by a parent or spouse, employees of air and rail carriers covered by the Railway Labor Act, and supervisors (although supervisors that have been discriminated against for refusing to violate the NLRA may be covered).



# EMPLOYMENT APPLICATION

## (General)

Date:				
Last name:	First nam	e:	Iiddle Name:	
Mailing address:				
City:	State:Z	iip:		
Telephone # (work):	(home):	(mobile):		
Email Address:				
May we call you at your current employment?	Yes □	No 🗆		
national origin, age, disabilities, veteran status, or various anti-discrimination laws based on religior religious belief or practice.		nd may make hiring and other em		n
Position applied for:	<u> </u>			
Available to work: Full-time  Part-ti	ime 🗆 Temporar	у 🗆		
Do you have a legal right to work in the US?		Yes 🗆	No 🗆	
Are you at least 18 years of age?		Yes 🗆	No 🗆	
Religious affiliation:				
Have you ever worked or volunteered for the Ca	tholic Church or a si	milar organization?Yes 🗆	No 🗆	
If yes, where?				

## EDUCATION

Name & Address of School	Major	Years Completed	Degree(s)	
High School				
College				
College				
Other (Specify)				

1.	Please summarize any skills, training, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying for:
2.	Why do you want to be considered for employment here?
3.	Please list any job-related professional trade, business, civic activities, organization, and/or associations. (You may choose to omit those that indicate race, color, national origin, ancestry, or disability, etc.)
4.	Arc you able to perform all the essential functions of the job you are applying for with or without reasonable accommodation?  Yes   No   If no, please explain:
5.	Have you ever been the subject of allegations related to misconduct with children?
6.	Are you currently charged with a crime?

### EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years beginning with your current job. We will contact your current/most recent employer only after an offer has been extended unless you indicate below that we may contact them now. You may include volunteer activities/positions. Attach an additional page if necessary. Please complete this section even if you have submitted a resume.

	Name of employer:				
	Telephone #:				
yer	Address:				
plo					
Current Employer	Employment Dates:	(From)	(To)		
int]	Rate of Pay:	(Start)	(Final)		
ırre	Position:		Supervisor:		
ű	Description of duties:		Ok to contact? Yes 🗆 No 🗆		
			Reason for leaving:		
	N. C. 1	I			
	Name of employer:		- /		
et	Telephone #: Address:				
Previous Employer	Audress:				
ďur	Employment Dates:	(From)	(To)		
1S E	Rate of Pay:	(Start)	(Final)		
vior	Position:	(State)	Supervisor:		
Pre	Description of duties:	17	Reason for		
	Description of duties.		leaving:		
	Name of employer:				
H	Telephone #:				
Previous Employer	Address:				
npl					
Ē	Employment Dates:	(From)	(To)		
one	Rate of Pay:	(Starl)	(Final)		
revi	Position:		Supervisor:		
P.	Description of duties:		Reason for leaving:		
		nded, or asked to resign a position? Yes unded, or asked to resign a position? Yes under the two delta would help of the two delta would help	No □ qualify you for this job?		
			5		

### Professional References

Please provide the names	of at least 3 pe	ople who have	known you	in a profession	nal capacity	for at least !	5 years (	other than	family
members):									

Name/Job Title	Organization	Telephone #	Years
			Known

## CERTIFICATION AND AUTHORIZATION

### INFORMATION RELEASE

I certify that the information in this application is true and correct Employer to verify any of this information, unless I indicate in writing to the on this application, as well as other persons contacted, to verify this and oth to provide any and all information concerning my previous employment, and also release and discharge to the extent permitted by law the Employer, its entitle Employer, my personal and professional references, and my former emprosts, and other expenses from disclosing information in connection with falsification, or substantial omission on this application may result in my fail employment.	contrary. I authorize the references and other persons listed er information I supply in connection with this application, d/or to supply any other pertinent details they may have. I apployees, any individual or agency obtaining information for ployers, from any and all claims, damages, losses, liabilities, this application. I understand that any misrepresentation,
Applicant	Date
AT-WILL EMPLOYEE S'	TATEMENT
I understand that, if I am hired, in the absence of a written employment with the Employer at any time, for any reason. The Employer agreement or contract for employment for any specified period or definite du	may do the same. This application does not constitute an
Applicant	Date

### BACKGROUND CHECK STATEMENT

I understand that all offers of employment are contingent upon providing satisfactory proof of my identity and legal authority to work in the United States and successful completion of a criminal background check. A background check may include my driving records, court records (civil and criminal), educational and professional credentials, and personal and professional references. This information, which may come from public or private sources, may contain details on my character, experience, work habits, and/or reasons for termination from past employers.

Applicant Date

### AUTHORIZATION FOR DISCLOSURE OF INFORMATION

APPLICANT: Complete Section 1. If applicable, complete Section 2, using one Authorization for each current and former employer/education provider.

SECTION 1 Applicant Name (First, Middle, Last) [include any other name (First, Middle, Middl	ames previously used during employment] Please print.
☐ I have never worked for an education pro	ovider (employer providing educational services to minors).
	OR
related to any substantiated reports of child a	ation provider to release to Regis High School all information abuse, sexual conduct or crimes listed in ORS 342.143. I see acting on behalf of the employer from any liability for ament.
Applicant Signature	Date
The applicant named above is under consideration for has previously been employed with your organization. information requested on this form within 20 business Education Provider:  Attn: Personnel Department  Address:  Dates of Employment:	days pursuant to ORS 339.374.
Position(s) Held:	
Applicant:  Has not been the subject of a substantiated report Is not the subject of an ongoing investigation of Dates of any substantiated reports:  Please attach the definitions of child ab that any reports were substantiated and any reports were substantiated.	of child abuse or sexual misconduct.  of child abuse or sexual misconduct.  ouse and sexual conduct used when the education provider determined the standards used by the education provider to determine whether ne listed in ORS 342.143, please send the employee's disciplinary.
Employer Representative Signature	Date
Printed Name	Job Title

Return completed form to:

St. Mary Catholic School Attn: Rick Schindler 1066 N. 6<sup>th</sup> Ave Stayton, OR 97383