

## APPLICATION OF EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION, NATION ORIGIN, OR DISABILITY EXCEPT WHERE SPECIFIED BY PROGRAM PURPOSES.

If you need assistance to complete this application or during the interview process such as sign language interpreters, readers, or other accommodations, please contact the office at (541) 344-0549 or see the General Manager.

PERSONAL: The use of this application form does not indicate that there are any positions open and does not in any way obligate you or this facility. If hired, you will be required to submit identification in accordance with Immigration and Naturalization Service requirements. Failure to provide non-job related information will not result in adverse treatment. Anyone considered for employment must pass state mandated criminal records check.

[PLEASE PRINT]

Print Name: \_\_\_\_\_  

Last
First
Middle

Address: \_\_\_\_\_  

Street
City
State
Zip

EMAIL ADDRESS:

Phone: \_\_\_\_\_

Do you have a valid Oregon Drivers License [circle one]? Yes No  
 Primary mode of transportation? \_\_\_\_\_

EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Date you Can Start? \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Have you ever applied to this company before [circle one]? Yes No If so, date: \_\_\_\_\_

Hours available to work: \_\_\_\_\_

EDUCATION:

Education	Name/Location of School	Years Attended	Year Graduated	Subject Studied
High School				
College				
Trade or Business				

Other Experience & Skills/Licenses/Certificates: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

**JOB NUMBER 3:**

Name of Employer:		Employer's Address and Phone Number:
Kind of Business:		Supervisor's Name and Phone Number:
Your Job Title		May we contact?
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
Total Time in Current/Past Position:	Hours Worked per Week (Average):	Reason for leaving:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

**JOB NUMBER 4:**

Name of Employer:		Employer's Address and Phone Number:
Kind of Business:		Supervisor's Name and Phone Number:
Your Job Title		May we contact?
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
Total Time in Current/Past Position:	Hours Worked per Week (Average):	Reason for leaving:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

**JOB NUMBER 5:**

Name of Employer:		Employer's Address and Phone Number:	
Kind of Business:		Supervisor's Name and Phone Number:	
Your Job Title		May we contact?	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	Rate of Pay?	
Total Time in Current/Past Position:	Hours Worked per Week (Average):	Reason for leaving:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			

Name:	Address:	Occupation:	Phone:	Yrs Known:
1.]				
2.]				
3.]				

Have you had experiences with people with developmental disabilities? If yes, please describe:

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Why do you feel you are qualified for this position?

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Any Other Comments:

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Are you willing to work evenings?

Yes

No

Are you willing to work week-ends?	Yes	No
Are you willing to assist clients with personal hygiene if needed?	Yes	No
Do you have your own transportation?	Yes	No
Are you legally able to work in the United States?	Yes	No
Have you ever been substantiated for abuse?	Yes	No