

CORVALLIS CARING PLACE
750 NW 23rd St.
Corvallis, OR 97330

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. This application is current only for sixty (60) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Facility name will make reasonable accommodations in the application process if needed.

GENERAL INFORMATION

Full Name _____

Address (Street) _____

City _____ State _____ Zip _____

Phone # (days) _____ Phone # (eves) _____

POSITION AND WORK SCHEDULE

Position sought: _____

Referred by (agency, newspaper, person) _____ Date available for work _____

Employment Preference: Full ___ Part ___ Temp ___ On Call ___ Shift Preference: 6am-2:30pm ___ 2pm-10:30pm ___ 10pm-6:30am ___

Will you be able to work: Weekends? ___ Holidays? _____

Have you ever worked for this company before? If yes, when and where? _____

Please check if you are: Under 18 ___ (A work permit is required for employees between the ages of 16 and 18. Those under age 16 are not normally considered for employment.)

HEALTH INFORMATION

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? A job description listing the essential functions of such job or occupation is attached.

Have you ever been convicted of abuse or any criminal offense other than a minor traffic violation? If yes, please explain:
A prior conviction will not automatically disqualify an applicant from employment.

EDUCATION AND SKILLS

Name of School	Address	Circle Last Year Completed	Degree or Subject
_____	_____	9 10 11 12	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____

EMPLOYMENT HISTORY

Starting with your present or most recent employer, list employers, including self-employment, summer part-time.

Present Employer _____ Address _____ Phone _____
Supervisor: _____ May we contact? Yes ___ No ___ Dates employed: From _____ To _____ Ending salary \$ _____
Position _____ Starting job description _____ Ending job description _____
Reason for leaving _____

Former Employer _____ Address _____ Phone _____
Supervisor: _____ May we contact? Yes ___ No ___ Dates employed: From _____ To _____ Ending salary \$ _____
Position _____ Starting job description _____ Ending job description _____
Reason for leaving _____

Past Employer _____ Address _____ Phone _____
Supervisor: _____ May we contact? Yes ___ No ___ Dates employed: From _____ To _____ Ending salary \$ _____
Position _____ Starting job description _____ Ending job description _____
Reason for leaving _____

Have you ever worked under another name: If yes, please give the name you worked under and company(s) for which you worked:

PERSONAL REFERENCES

(Please do not list former employers or relatives)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Use the space below to describe your interest in our facility, along with the job-related skills and aptitudes you feel qualify you for a position with us. If you need more space, please continue on the backside of this sheet. You should exclude any information, which discloses that you are a member of a protected class.

PLEASE READ CAREFULLY BEFORE SIGNING

Corvallis Caring Place is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, color, religion, age, sex, national origin, citizenship, disability, marital status, sexual orientation, veteran or current military status or family composition. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. If you have any questions, the interviewer will be happy to help you.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that all the statements made by me on this application are true, complete, and correct to the best of my knowledge. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job -related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that neither this application nor any written personnel procedure manual or employee handbook is an expressed or implied contract of permanent employment. I further understand that my relationship with Corvallis Caring Place is "at-will" and for an unspecified term and that Corvallis Caring Place and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I hereby acknowledge that I have read and understand the above statement. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of applicant

Date

EMPLOYEE INFORMATION RELEASE

I authorize Corvallis Caring Place to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with Corvallis Caring Place. I hereby release and hold Corvallis Caring Place harmless from any claim for releasing any truthful information within its knowledge and/or records.

Signature of applicant

Date

I _____ agree that, as a condition of employment, I will not make copies or remove information from Corvallis Caring Place, including forms and/or policies and procedures, without the express written permission of the Management Agent.

Signature of applicant

Date

Authorization For Release of Employment Information

Applicants who seek employment at Corvallis Caring Place (CCP) will have their personal references checked before hire. Many companies/employers require a release of information form from the applicant prior to divulging employment information. Please read this form carefully and sign your name and date at the bottom of this page if you authorize release of information from your personnel file at a prior place of employment.

I authorize my direct Supervisor, the Human Resources or Personnel Dept. of _____ to share with Corvallis Caring Place my employment information and history as noted below. (Please cross out any areas of information that you do not want released.)

1. Dates of employment;
2. Rates of pay;
3. Positions held & duties performed;
4. Quality and quantity of my work;
5. Punctuality and attendance habits (excluding any absences related to worker's compensation, disability or protected leaves of absence);
6. Relationships with co-workers and supervisors;
7. Work attitude;
8. Knowledge, skills & abilities;
9. Reason for leaving and eligibility for rehire;
10. Other relevant information regarding my performance, suitability for employment sought, etc.

Name (Please Print)

Signature

Date

This form remains valid for 90 days from the date it was signed.