



Adult Care Home Program

Aging, Disability and Veterans Services Division
421 SW Oak Street Suite 650
Portland, OR 97204
Phone: 503-988-3000

EMPLOYMENT VERIFICATION FOR: _____
Name of Applicant

<p>Instructions to the Applicant:</p> <ul style="list-style-type: none"> • Please forward this Employment Verification & Release of Employee Personnel Information form to each employer listed in the Work History section of your application. • Submit a copy of all Employment Verification and Release of Information forms with your application. • Keep a copy of all completed forms for your records 	<p>Instructions to the Respondent:</p> <ul style="list-style-type: none"> • The above-named individual is applying for certification to work as a resident manager or licensed operator in an adult care home in Multnomah County, Oregon. • The applicant is asking that you respond to the following:
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Name of Applicant

Employer Name

Employer Address

To be completed by the *Employer* of the above-named applicant:

1. What was the *primary* population served in this work setting?

<input type="checkbox"/> Older Adults (people 65 and older)	<input type="checkbox"/> Adults with Developmental Disabilities
<input type="checkbox"/> Adults with physical disabilities	<input type="checkbox"/> Adults with Mental Illness or Addiction
<input type="checkbox"/> Other: _____	
2. Did the applicant's duties include hands-on assistance with activities of daily living (i.e., dressing, grooming, bathing, elimination (toileting), eating, mobility, cognition and behavior)? Yes No
3. If yes, please verify:

Employment start date: _____

Employment end date: _____

Job Title(s) for this employee: _____

Average hours worked per week: _____

Signature of Employer Representative

Date

Printed Name of Employer Representative

Telephone Number

Title of Employer Representative

Email Address

Multnomah County is required to contact all respondents to confirm the veracity of the information provided.