

## SAMPLE JOB APPLICATION

Employer Name and Work Location (Address):

Currently available positions/shifts are:

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

### Job Applicant's Name and Address

Name (First, MI, Last)

Mailing Address

City, State, and Zip Code

Telephone

Alternate Phone

Are you 18 years old or older?  Yes  No

Are you 21 years old or older?  Yes  No

Email

### Job Type

#### Days/hours available to work

<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
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I am seeking a:	<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Full- or Part-time
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How many hours can you work weekly?	Can you work nights?	Date available to begin
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### Additional Information

Have you ever been found to have committed abuse of an adult or child? This includes founded or substantiated abuse or neglect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been listed on the US Health & Human Services Office of Inspector General's Exclusions List or the US General Services Administration's System for Award Management Exclusions List?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered to yes to either question above, please explain:

### Positions that may require driving

Do you have a driver's license? Expiration date: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what state?
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Have you had any motor vehicle accidents during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
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Have you had any traffic tickets or moving violations during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
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**Education Name of School or College**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma

**Work Experience**

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	City, State, and Zip Code	
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Work Experience (continued)**

Company	Name of last supervisor	Hrs/week
Address	City, State, and Zip Code	
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Certifications and Trainings

Do you have current CPR and First Aid certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date:
Do you have current OIS (Oregon Intervention System) Certification? (Only required for some I/DD caregivers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date:
Do you have an Oregon Certified Nursing Assistant license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date:
Do you currently have an approved background check or final fitness determination for the position you are currently applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date:
Do you have a current role approval from the Multnomah County Adult Care Home Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date:
Have you completed any trainings or certifications required by the Multnomah County Adult Care Home Program? (HCBS-IBL, Pre-Service Dementia, Mandatory Abuse Reporting, Recordkeeping B, Ensuring Quality Care, or others)	<input type="checkbox"/> Yes <input type="checkbox"/> No	List details here:

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

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2.
3.
4.

I acknowledge that if I am offered a position at this adult care home, I am prepared to present documentation sufficient to establish work authorization in the United States. (Refer to I9 Form)

I acknowledge that if I am offered a position at this adult care home, I must complete and pass a criminal background check before working in the care home or having contact with residents.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature	Date
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**Disclaimer: This application is not intended as legal advice. Specific questions are based on the facts as we understand them and the law that was current when the application was written. If you need legal advice, please consult an attorney.**