



**CORVALLIS CARING PLACE**  
**750 NW 23<sup>rd</sup> St.**  
**Corvallis, Oregon 97330**  
**Phone (541) 753-2033**

## APPLICATION FOR EMPLOYMENT

**It is the policy of Corvallis Caring Place to ensure equal employment opportunities to all applicants and employees on the basis of individual qualifications regardless of race, color, religion, age, sex, disability, national origin, or sexual orientation. 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 ninety (90) days, if you still wish to be considered for employment beyond that time you must fill out a new application.**

### GENERAL INFORMATION

**TODAY'S DATE**    /    /

|            |             |           |                  |
|------------|-------------|-----------|------------------|
| First Name | Middle Name | Last Name | Position Desired |
|------------|-------------|-----------|------------------|

|                  |        |         |       |                     |
|------------------|--------|---------|-------|---------------------|
| Address (Street) | (City) | (State) | (Zip) | Telephone Number:   |
|                  |        |         |       | Message/Cell Phone: |

|                 |       |       |                     |       |       |  |
|-----------------|-------|-------|---------------------|-------|-------|--|
|                 | Yes   | No    |                     | Yes   | No    |  |
| On-Call         | _____ | _____ | Work On Day Shift   | _____ | _____ | Days/Times NOT available _____<br>_____<br>_____ |
| Temporary Work  | _____ | _____ | Work on Swing Shift | _____ | _____ |  |
| Part Time Work  | _____ | _____ | Work on Night Shift | _____ | _____ |  |
| Full Time Work  | _____ | _____ |                     |       |       |  |
| Rotating Shifts | _____ | _____ | Available Mon-Fri   | _____ | _____ |  |
|                 |       |       | Available Sat-Sun   | _____ | _____ |  |
|                 |       |       | Available Holidays  | _____ | _____ |  |

|   |       |                  |                 |      |
|---|-------|------------------|-----------------|------|
| If you are an RN, LPN, CMA, CNA or other professional requiring licensure, are you currently licensed in Oregon? Yes _____ No _____ | State | Registration No. | Expiration Date | Type |
|---|-------|------------------|-----------------|------|

|   |  |
|---|--|
| Are you older than 20 years of age? Yes _____ No _____  | When would you be available for employment?<br>_____ |
| Are you younger than 18 years of age? Yes _____ No _____<br><b>**to work as a caregiver you must be 18 years of age**</b> |  |

|  |                   |                         |
|--|-------------------|-------------------------|
| Person to contact in case of emergency or message→ | Name:<br>Address: | Relationship:<br>Phone: |
|--|-------------------|-------------------------|

|  |   |
|--|---|
| Have you previously been employed by Corvallis Caring Place Yes _____ No _____ | Have you ever been found to have committed abuse? Yes _____ No _____                              |
| If yes, when? _____  | Have you ever been convicted of a felony? Yes _____ No _____                                      |
| Under what name? _____   | Have you ever been excluded or prohibited from being paid with federal monies? Yes _____ No _____ |

\*\*conviction will not necessarily disqualify an applicant for employment.

**EDUCATION**

| Name and address of school | Number of years attended | Graduated        | Course or Major |
|----------------------------|--------------------------|------------------|-----------------|
|                            |                          | Yes ____ No ____ |                 |
|                            |                          | Yes ____ No ____ |                 |
|                            |                          | Yes ____ No ____ |                 |
|                            |                          | Yes ____ No ____ |                 |

**ADDITIONAL INFORMATION**

List other skills or additional educational background you feel is pertinent to your application. You may also wish to summarize any information necessary to fully describe your qualifications.

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**PRIOR WORK HISTORY**

Begin with present or most recent employer.

| Company Name and Address |                     |                   |             | Your Position/Title              |
|--------------------------|---------------------|-------------------|-------------|----------------------------------|
| Employed                 | From (Month & Year) | To (Month & Year) | Rate of Pay | Supervisor's Name & Phone Number |

Duties

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Reason for Leaving:

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Name while employed there for reference purposes:

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_



|                          |                     |                   |             |                                  |
|--------------------------|---------------------|-------------------|-------------|----------------------------------|
| Company Name and Address |                     |                   |             | Your Position/Title              |
| Employed                 | From (Month & Year) | To (Month & Year) | Rate of Pay | Supervisor's Name & Phone Number |

Duties

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Reason for Leaving:

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Name while employed there for reference purposes:

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|                          |                     |                   |             |                                  |
|--------------------------|---------------------|-------------------|-------------|----------------------------------|
| Company Name and Address |                     |                   |             | Your Position/Title              |
| Employed                 | From (Month & Year) | To (Month & Year) | Rate of Pay | Supervisor's Name & Phone Number |

Duties

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Reason for Leaving:

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Name while employed there for reference purposes:

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|                          |                     |                   |             |                                  |
|--------------------------|---------------------|-------------------|-------------|----------------------------------|
| Company Name and Address |                     |                   |             | Your Position/Title              |
| Employed                 | From (Month & Year) | To (Month & Year) | Rate of Pay | Supervisor's Name & Phone Number |

Duties

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Reason for Leaving:

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Name while employed there for reference purposes:

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**REFERENCES**

List individuals who may be able to give us additional information regarding your skills, i.e. teachers. You may also wish to list work associates other than immediate supervisors.

| Name and Occupation | Address and Phone Number |
|---------------------|--------------------------|
| 1. _____            | _____                    |
| 2. _____            | _____                    |
| 3. _____            | _____                    |

How did you hear about this job opening at Corvallis Caring Place?

- |                                    |                                  |
|------------------------------------|----------------------------------|
| _____ Newspaper Advertisement      | _____ State Employment Office    |
| _____ Radio Advertisement          | _____ Job Posting (Where? _____) |
| _____ LBCC CNA Class               | _____ A Friend (Who? _____)      |
| _____ Other (Please Specify _____) |                                  |

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

- I certify by my signature that the information I have given on this application is true and complete. I understand that any concealment or misrepresentation may be considered cause for termination of employment.
- I hereby authorize Corvallis Caring Place to process my application for employment by checking references with former employers, schools or colleges, and individuals. I also release the individuals, companies, or institutions from whom Corvallis Caring Place may request information concerning me from all liability for any damage incurred in furnishing reference information.
- I understand that if selected, I will be required to undergo a drug screening test and criminal background check, and that any job offer I receive is contingent upon the successful completion of the drug screening and background check.
- I verify that I am capable of performing the essential functions of the position for which I've applied as identified in the position description which I have reviewed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature