



CORVALLIS CARING PLACE
750 NW 23rd 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
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Address (Street)	(City)	(State)	(Zip)	Telephone Number:
				Message/Cell Phone:

	Yes	No		Yes	No	Days/Times NOT available _____ _____ _____
On-Call	_____	_____	Work On Day Shift	_____	_____	
Temporary Work	_____	_____	Work on Swing Shift	_____	_____	
Part Time Work	_____	_____	Work on Night Shift	_____	_____	
Full Time Work	_____	_____	Available Mon-Fri	_____	_____	
Rotating Shifts	_____	_____	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
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Are you older than 20 years of age? Yes _____ No _____	When would you be available for employment? _____
Are you younger than 18 years of age? Yes _____ No _____ **to work as a caregiver you must be 18 years of age**	

Person to contact in case of emergency or message →	Name: _____ Address: _____	Relationship: _____ Phone: _____
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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.

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

Reason for Leaving:

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

Reason for Leaving:

Name while employed there for reference purposes:

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

Duties

Reason for Leaving:

Name while employed there for reference purposes:

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

Duties

Reason for Leaving:

Name while employed there for reference purposes:

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**

1. 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.
2. 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.
3. 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.
4. 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

Please save, print and complete this application and either mail to the address on front of this application or scan and email completed application to: office@corvalliscaringplace.org