



EMPLOYMENT APPLICATION

P.O. Box 368 • Marvllhurst, OR 97036 • Phone: 503-635-3416 • Fax: 503-697-6932 • www.christiecare.org

General Instructions: Complete all questions in each section of this two-page application. Print your answer to every question in blue or black ink. If a question does not apply, indicate "N/A." **Your application will not be considered if it is incomplete.** All information in this application will be treated confidentially except where permission for the release of the information is provided. ChristieCare is an Equal Opportunity Employer and we are committed to the recruitment and selection of the most competent persons who have qualifications commensurate with the responsibilities of each position.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

PRE-EMPLOYMENT SCREENING IS REQUIRED

Applicant Information

Name: _____ Date: _____
Address: _____
Street City State Zip
Home Phone: (____) _____ Other Phone: (____) _____ E-Mail: _____

Position Information

Position(s) Applying For: _____ Salary Desired: _____

How did you learn of this position? _____

Type of employment desired: Full-Time Part-Time Shift Preferred: Day Swing Night

Please list any hours, shifts or days that you are not able to work: _____

Are you willing to work overtime as required? Yes No

Are you at least 21 years of age? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Have you ever been employed by ChristieCare before? Yes No – If yes, please list position and dates: _____

Have you ever been convicted of a crime? Yes No – If yes, please describe conditions: _____

Please Note: A conviction will not necessarily disqualify an applicant for employment

Education Information

School Name	Location	Degree Obtained
High School:		
College/University:		
College/University:		

Please list any other relevant training or coursework: _____

Licensing Information

Please identify all relevant licenses or certifications that you currently hold: _____

Have any licenses lapsed or been suspended/revoked? Yes No – If yes, please state reason: _____

Do you have a valid driver license? Yes No – If yes, list number: _____ State: _____

Please Note: A DMV report will be required after job offer. All employees of ChristieCare must have a valid Oregon or Washington driver license.

Employment History

Please provide all employment information for all employers in the past five years, starting with the most recent.

If you are currently employed, may we contact your present employer? Yes No

Employer: _____ Position Held: _____
Address: _____ Salary: _____
Supervisor Name and Title: _____ Phone: (_____) _____
Date Started: _____ Date Ended: _____ Reason For Leaving: _____
Description of Duties: _____

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Address: _____ Salary: _____
Supervisor Name and Title: _____ Phone: (_____) _____
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Address: _____ Salary: _____
Supervisor Name and Title: _____ Phone: (_____) _____
Date Started: _____ Date Ended: _____ Reason For Leaving: _____
Description of Duties: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

1. I certify that the facts set forth in this Employment Application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or interview may result in the rejection of my application and my candidacy for this position or may result in discharge in the event of employment.
2. I authorize ChristieCare to make an investigation of any of the facts set forth in this application and release ChristieCare from any liability.
3. The needs of the employer may make the following conditions mandatory: Transfers between programs or companies, overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
4. I understand that employment at ChristieCare is "at-will," which means that either ChristieCare or I may terminate the employment relationship at any time with our without prior notice, and for any reason not prohibited by statute. I also understand that I am required to abide by all rules and regulations of ChristieCare.
5. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired by ChristieCare. My failure to submit such proof within the required time shall result in the immediate termination of my employment.
6. I understand that, if selected as a finalist for a position, my employment is subject to a criminal history check and pre-employment drug screening.

Applicant's Signature: _____ Date: _____



AUTHORIZATION TO RELEASE INFORMATION

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize you to furnish ChristieCare with any and all information you have concerning me, my work record and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for the position I am seeking with ChristieCare.

I hereby release you, your organization, and others from any liability or damage that may result from furnishing the requested information. I understand that all information obtained is confidential and will not be disclosed to me.

DATE

APPLICANT'S SIGNATURE



EEOC SURVEY

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ALL INFORMATION YOU PROVIDE BELOW IS VOLUNTARY

ChristieCare is an Equal Opportunity Employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or handicap or any other legally protected handicap.

The EEOC (United States Equal Opportunity Commission) requires that employers provide detailed racial and ethnic background information on applicants and employees on an annual basis. This information will be used for research, statistical purposes and government reporting. This data will be kept in a confidential file, separate from your Employment Application. We appreciate your voluntary cooperation.

ETHNIC BACKGROUND – Please check only one

- White* – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- African American* – A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino* – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
- Native Hawaiian or Other Pacific Islander* – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Native American Indian or Alaskan Native* – A person having origins in any of the original peoples of North, Central or South America and who maintains a tribal affiliation or community attachment.

GENDER

- Male*
- Female*

VETERAN STATUS – Please check all that are applicable

- Veteran*
- Vietnam Era Veteran*
- Disabled Veteran*