

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION, NATION ORIGIN, OR DISABILITY EXCEPT WHERE SPECIFIED BY PROGRAM PURPOSES.

If you need assistance to complete this application or during the interview process such as sign language interpreters, readers, or other accommodations, please contact the office at (541) 344-0549 or see the General Manager.

PERSONAL: The use of this application form does not indicate that there are any positions open and does not in any way obligate you or this facility. If hired, you will be required to submit identification in accordance with Immigration and Naturalization Service requirements. Failure to provide non-job related information will not result in adverse treatment. Anyone considered for employment must pass state mandated criminal records check.

[PLEASE PRINT]

Print Name: _____
Last _____ First _____ Middle _____

Address: _____
Street _____ City _____ State _____ Zip _____

EMAIL ADDRESS: _____

Phone: _____

Do you have a valid Oregon Drivers License [circle one]? _____ Yes _____ No _____
Primary mode of transportation? _____

EMPLOYMENT DESIRED:

Position: _____ Date you
Can Start? _____ Desired Wage: _____

Have you ever applied to this company before [circle one]? Yes No _____ If so, date: _____

Hours available to work: _____

EDUCATION:

Education	Name/Location of School	Years Attended	Year Graduated	Subject Studied
High School				
College				
Trade or Business				

Other Experience & Skills/Licenses/Certificates: _____

EMPLOYMENT RECORD:

JOB NUMBER 1:

Name of Employer:		Employer's Address and Phone Number:
Kind of Business:		Supervisor's Name and Phone Number:
Your Job Title		May we contact?
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	Reason for leaving:
Total Time in Current/Past Position:	Hours Worked per Week (Average):	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		

JOB NUMBER 2:

Name of Employer:		Employer's Address and Phone Number:
Kind of Business:		Supervisor's Name and Phone Number:
Your Job Title		May we contact?
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	Reason for leaving:
Total Time in Current/Past Position:	Hours Worked per Week (Average):	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		



JOB NUMBER 3:

Name of Employer:		Employer's Address and Phone Number:	
Kind of Business:		Supervisor's Name and Phone Number:	
Your Job Title		May we contact? Reason for leaving:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
Total Time in Current/Past Position:	Hours Worked per Week (Average):		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			

JOB NUMBER 4:

Name of Employer:		Employer's Address and Phone Number:	
Kind of Business:		Supervisor's Name and Phone Number:	
Your Job Title		May we contact? Reason for leaving:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
Total Time in Current/Past Position:	Hours Worked per Week (Average):		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			

JOB NUMBER 5:

Name of Employer:		Employer's Address and Phone Number:	
Kind of Business:		Supervisor's Name and Phone Number:	
Your Job Title		May we contact? Reason for leaving:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
Total Time in Current/Past Position:	Hours Worked per Week (Average):		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Name:	Address:	Occupation:	Phone:	Yrs Known:
1.]				
2.]				
3.]				

Have you had experiences with people with developmental disabilities? If yes, please describe:

Why do you feel you are qualified for this position?

Any Other Comments:

Are you willing to work evenings?	Yes	No
Are you willing to work week-ends?	Yes	No
Are you willing to assist clients with personal hygiene if needed?	Yes	No
Do you have your own transportation?	Yes	No
Are you legally able to work in the United States?	Yes	No
Have you ever been substantiated for abuse?	Yes	No

Supplemental Questions

1.] Tell me about a time when you were instructed to change your method of doing things. How did you go about making that change? What were the results?

2.] Tell me about a time when you had too much to do in one day. How did you go about accomplishing your tasks? What were the results?

3.] Tell me about a time when you completed your tasks before your day ended. What did you do? What were the results of this action?

4.] Tell me about a time when there was a communication gap between you and another person. What did you do to bridge the gap? What were the results?

5.] Tell me about a time when you were required to work overtime. What did you do to complete the task? How did that affect your productivity with the task? How did that affect your productivity for the next day?

PLEASE READ ALL SECTIONS BEFORE SIGNING!!!

FALSIFICATION OF RECORDS

I certify that the information in this application is correct to the best of my knowledge. I understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

RELEASE OF INFORMATION

I understand that consideration for employment is contingent on the result of reference checks. I authorize McKenzie Personnel Systems to investigate the truthfulness of all statements made on this application and to contact my former employer, other listed references, or other persons who can verify information. I further authorize McKenzie Personnel Systems to discuss the results of any investigation with employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background, and suitability for employment. I release each such person and former employers from liability for providing such information.

EMPLOYMENT AT WILL

I further understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without any notice, at any time, at the option of the company. I further understand that no recruiter, interviewer, or other representative of McKenzie Personnel Systems, other than the Executive Director or designee, has any authority to enter into any agreement for employment for any specified period of time.

Applicant's Signature_____

Date_____

MCKENZIE PERSONNEL SYSTEMS IS IN COMPLIANCE WITH ADA