

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME	FIRST	MIDDLE		SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	CONTACT TELEPHONE NO.
ANY PREVIOUS NAME(S) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:				BEST TIME TO CONTACT YOU:
				DATE AVAILABLE FOR WORK:
				ARE YOU APPLYING FOR: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>

POSITION APPLIED FOR	SALARY DESIRED:
HOW WERE YOU REFERRED TO THIS FACILITY?	WOULD YOU CONSIDER WORKING: WEEKEND & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/> ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME: DEPT: RELATIONSHIP:	
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:	SHIFT PREFERENCE: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>

Did you serve in the U.S. Armed Services? YES NO What Branch?

Have you volunteered your time or services? YES NO Where?

Briefly describe duties and skills acquired through volunteer or military service: (include dates)

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM		SHORTHAND: APPROX. WPM			
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

LANGUAGE

PROFESSIONAL LICENSES				PROFESSIONAL CERTIFICATIONS			
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENCE	LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN		<input type="checkbox"/> CURRENTLY CERTIFIED	ELIGIBLE FOR CERTIFICATION		
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION			TYPE:	STATE:	DATE:	
TYPE:	STATE:	DATE:	NO:				
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENCE	LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN		<input type="checkbox"/> CURRENTLY CERTIFIED	ELIGIBLE FOR CERTIFICATION		
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION			TYPE:	STATE:	DATE:	
TYPE:	STATE:	DATE:	NO:				
LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED							
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR
			<input type="checkbox"/> GOOD		<input type="checkbox"/> GOOD		<input type="checkbox"/> GOOD
			<input type="checkbox"/> FLUENT		<input type="checkbox"/> FLUENT		<input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR
			<input type="checkbox"/> GOOD		<input type="checkbox"/> GOOD		<input type="checkbox"/> GOOD
			<input type="checkbox"/> FLUENT		<input type="checkbox"/> FLUENT		<input type="checkbox"/> FLUENT

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT EMPLOYER.

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SALARY (Hr/Mo/Yr): _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SALARY (Hr/Mo/Yr): _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME: _____ SALARY (Hr/Mo/Yr): _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding application or suitability for employment, and I completely release all such persons or entities from any and all liability to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date _____ Signature _____

SIGNATURE REFERENCES

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (these notes are open to inspection - keep information factual)

IF APPLICANT IS 18 YRS. OLD OR LESS IS PROOF OF AGE ON FILE? YES NO INTERVIEWER'S SIGNATURE _____

STARTING DATE EXEMPT NON-EXEMPT POSITION/JOB SITE FULL TIME PART TIME ON CALL STATUS ROTATION

STARTING SALARY/GRADE DIFFERENTIAL SHIFT EMPLOYEE NUMBER

FOR OFFICE USE ONLY



HOLGATE CENTER

A Campus That Cares

Odd Fellows Home Of Oregon • Friendship Health Center • Kenilworth Park Plaza

HOLGATE CENTER PRE-EMPLOYMENT CONSENT

Applicant's Name
(Please print clearly)

Last 4 digits/SS#

Date

I understand all applicants being considered for employment with the Holgate Center are required as a condition of employment, to submit to drug screening. I understand any applicant who refuses, alters, tampers with, or contaminates any drug test or interferes with the testing process, will be dropped from further employment consideration.

I hereby consent and agree to provide to the Holgate Center or its agents a urine specimen that will be analyzed for the presence of drugs or controlled substances. I authorize a release of my test results to the appropriate representative of the Holgate Center.

I further understand any candidate who fails a drug test will be immediately dropped from further employment consideration and may not re-apply for employment for at least six months. They will be expected to provide proof that they have completed a substance abuse treatment program that meets the approval of the Holgate Center.

Applicant Signature

Date



HOLGATE CENTER

Odd Fellows Home of Oregon • Friendship Health Center • Kenilworth Park Plaza

Application Information Release Form

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Printed Name _____

_____ Date _____

Signature of Job Applicant

HOLGATE CENTER

REFERENCE CHECK

For employer use only:

Date _____

Applicant _____

Department _____

Reference contacted _____

Name

Business

Phone/Fax

1. Relationship to Applicant:

Employer

Supervisor

Co-worker

Professor

Friend

Clinical Instructor

Other _____

2. Verification of employment:

Dates of employment From _____ To _____

3. Would you describe the applicant as:

Additional Comments

a. Positive Attitude Yes No

b. Dependable/Attendance Yes No

c. Professional Approach Yes No

d. Team Worker Yes No

e. Considerate Yes No

f. Acceptable Quality Yes No

g. Good Interpersonal Skills Yes No

4. Eligible for rehire: Yes No

Individual completing check: _____

Signature _____

Date _____

HOLGATE CENTER

REFERENCE CHECK

For employer use only:

Date _____

Applicant _____

Department _____

Reference contacted _____

Name

Business

Phone/Fax

1. Relationship to Applicant:

Employer

Supervisor

Co-worker

Professor

Friend

Clinical Instructor

Other _____

2. Verification of employment:

Dates of employment From _____ To _____

3. Would you describe the applicant as:

Additional Comments

a.	Positive Attitude	Yes	No	_____
b.	Dependable/Attendance	Yes	No	_____
c.	Professional Approach	Yes	No	_____
d.	Team Worker	Yes	No	_____
e.	Considerate	Yes	No	_____
f.	Acceptable Quality	Yes	No	_____
g.	Good Interpersonal Skills	Yes	No	_____

4. Eligible for rehire: Yes No

Individual completing check: _____

Signature _____

Date _____

HOLGATE CENTER

REFERENCE CHECK

For employer use only:

Date _____

Applicant _____

Department _____

Reference contacted _____

Name

Business

Phone/Fax

1. Relationship to Applicant:

Employer
Professor
Other _____

Supervisor
Friend

Co-worker
Clinical Instructor

2. Verification of employment:

Dates of employment From _____ To _____

3. Would you describe the applicant as:

Additional Comments

a.	Positive Attitude	Yes	No	_____
b.	Dependable/Attendance	Yes	No	_____
c.	Professional Approach	Yes	No	_____
d.	Team Worker	Yes	No	_____
e.	Considerate	Yes	No	_____
f.	Acceptable Quality	Yes	No	_____
g.	Good Interpersonal Skills	Yes	No	_____

4. Eligible for rehire: Yes No

Individual completing check: _____

Signature _____

Date _____

NEW HIRE PROCEDURE CHECKLIST

	<u>DATE</u>	<u>INITIAL</u>
1. APPLICATION COMPLETED*	_____	_____
2. INTERVIEW COMPLETED*	_____	_____
3. REFERENCES CHECKED	_____	_____
4. BACKGROUND CHECK SUBMITTED	_____	_____
5. DRUG SCREEN COMPLETED	_____	_____
6. SIGNED YELLOW SLIP	_____	_____
7. ID BADGE ISSUED	_____	_____
8. TB TEST COMPLETED	_____	_____
9. NEW HIRE ORIENTATION COMPLETED	_____	_____

***THESE ITEMS MUST BE COMPLETED IN ORDER TO MOVE TO NEXT ITEM.**

EMPLOYEE NAME (PRINTED CLEARLY) _____

This Organization Participates in E-Verify

E-Verify®



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Applicant Invitation to Self-Identify

This Holgate Center is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Applicant Name: _____ Date: _____

Position Applied for: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This Holgate Center is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN