

ALTERNATIVE SERVICES-OREGON, INC.

11830 SW Kerr Parkway, Suite 210
Lake Oswego, OR 97035

(503) 977-2262
fax (503) 977-2301

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other status protected by law.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Friend Relative Walk-In Agency Other: _____
 Advertisement – e.g., Oregonian, craigslist, etc.: _____

Name: _____ E-mail: _____
 LAST FIRST MIDDLE

Address: _____
 NUMBER-STREET CITY STATE ZIP

Telephone: (_____) _____ Social Security No.: _____ / _____ / _____
 AREA CODE

Have you submitted an application here before? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you a United States citizen or an alien lawfully authorized to work in the United States? Yes No

On what date are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Do you have a valid driver's license? Yes No

Have you ever been convicted of an offense greater than a minor traffic offense? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Are there any criminal charges pending against you? Yes No

If yes, please explain: _____

Have you ever been investigated for abuse or neglect in any foster home or DD facility? Yes No
Were these charges substantiated? Yes No

If yes, please explain: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organization names which indicate any status protected by law against discrimination.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: _____

Veteran of the U.S. Military service? Yes No If Yes, Branch? _____

Have you ever worked with developmentally disabled or mentally ill individuals? Yes No
If yes, please identify type of program, location, and pertinent information: _____

Indicate languages you can communicate in.
(Please include sign language and Braille, as well as foreign languages.)

	FLUENT	GOOD	FAIR
UNDERSTAND			
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate any status protected by law against discrimination.): _____

List name, relationship, and telephone number of **at least** three references who are not related to you and are not previous employers: _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Disabled Individual
- Disabled Veteran
- Vietnam Era Veteran

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe specialized training, apprenticeship, skills and extra curricular activities			
Honors received:			

State any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize ASI to investigate all statements contained in this application for employment and to contact any and all parties as may be necessary in arriving at an employment decision. I hereby release and hold harmless ASI, its representatives, and anyone contacted during this investigation process from liability for any possible resulting damages. I understand that this application is not – and is not intended to be – a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, no matter when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant: _____ Date: _____

For Personnel Department Use Only	
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
_____ Interviewer	_____ Date
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____ Dept.: _____
By (Name and Title): _____	Date: _____



ALTERNATIVE SERVICES-OREGON, INC.

AFFIRMATIVE ACTION INFORMATION

Please complete the following information.
All information is voluntary and confidential.

CHECK ONE:

GENDER: MALE _____ FEMALE _____

ETHNICITY/RACE:

_____ ASIAN

_____ BLACK/AFRICAN AMERICAN

_____ HISPANIC

_____ NATIVE AMERICAN/ALASKAN NATIVE

_____ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

_____ WHITE/CAUCASIAN

_____ MIXED RACE

_____ OTHER (specify) _____