

Application for Employment

515 SW Western Blvd.
Corvallis, OR 97333
Phone: (541) 757-6426
Fax: (541) 757-2552
www.workunlimited.org



Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_
Email: \_\_\_\_\_ Preferred Name/Pronouns (Optional): \_\_\_\_\_

Position Information

Position you are applying for: [ ] Direct Care [ ] Employment Specialist [ ] Management [ ] Other: \_\_\_\_\_
How did you learn of this position? [ ] Work Unlimited Web Page [ ] Walk - In [ ] Job Fair \_\_\_\_\_
[ ] Work Unlimited Facebook [ ] Agency Vehicle [ ] Internet Job Site \_\_\_\_\_
[ ] Craigslist [ ] Employee \_\_\_\_\_ [ ] Other \_\_\_\_\_
Are you related to anyone that is currently employed by Work Unlimited? [ ] Yes [ ] No
If yes, who and your relationship to them: \_\_\_\_\_
Have you previously been employed with Work Unlimited? [ ] Yes [ ] No
Indicate any locations where you would be willing to accept employment:
[ ] Salem [ ] Silverton [ ] Monmouth (Adolescent Only) [ ] Corvallis (Adult Only)
Available to work: [ ] Full Time [ ] Part Time [ ] Weekends [ ] Days [ ] Evenings [ ] Graveyard (Required to remain awake and alert.)
Date Available: \_\_\_\_\_
Are you legally authorized to work in the U.S.? [ ] Yes [ ] No
Have you ever been investigated for child abuse/neglect or investigated for abuse/neglect in any Developmental Disability, Mental Health or Seniors program?
[ ] Yes [ ] No
Were these charges substantiated/founded? [ ] Yes [ ] No

Education Information

Name and address of high school attended: \_\_\_\_\_
Further education (include academic, vocational, professional or other training): \_\_\_\_\_
Summarize any special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

References

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.
Name Occupation/Relationship Years Known Telephone
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment Experience:**

Begin with your present or most recent position held. Give special attention to experience related to the position for which you are applying. Volunteer work or life experience with individuals with developmental disabilities will be considered. Use additional sheets if necessary.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact this employer?  Yes  No

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact this employer?  Yes  No

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact this employer?  Yes  No

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## Applicant Authorization and Agreement

I authorize Work Unlimited to investigate all matters it deems relevant to my employment, including all statements contained in this application and/or resume, supplemental information and employment history. I therefore RELEASE and HOLD HARMLESS Work Unlimited and any former or prospective employer and all parties and persons connected with any request now or in the future for pre-employment information from all claims, liability, and damages for whatever reason or basis arising out of a request for, or furnishing of information related to my employment and work performance. This includes any motor vehicle driving record, reference, and criminal background checks conducted before and following employment.

I further certify that all information provided by me relating to my application for employment with Work Unlimited is true and complete. I acknowledge that any false statement, misrepresentation or omission of fact in this application or in any other required documents, including any misleading statements and omissions, may be cause for denial of employment or immediate termination of employment, regardless of how or when it is discovered.

I understand if I am offered employment, such offer is contingent upon, among other things, proof of my identity and employment eligibility pursuant to the Immigration Reform and Control Act of 1986 and passing a pre-employment drug screen test.

I further understand and agree that if I am offered and accept a position with Work Unlimited, my employment is at-will and may be terminated for any lawful reason, or for no reason, at any time. I also understand that no representative of Work Unlimited has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a individual written agreement signed by the President. I also agree to conform to all rules and regulations of Work Unlimited as they presently exist or are later modified. I understand that Work Unlimited reserves the right to change wages, hours and working conditions as deemed necessary.

I have read and understand the above statements and any other information provided with this application.

I authorize Work Unlimited's Human Resources Department to distribute my application to supervisors seeking an applicant with my qualifications.

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Signature of Applicant

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Date

## Drug and Alcohol Testing Consent

1. Work Unlimited, Inc. believes that in order to maintain the safety of the individuals with developmental disabilities served by Work Unlimited, our employees and the public, our employees must be free from the effects of alcohol and drugs or controlled substances that can impair job performance.
2. The use, possession, distribution, sale, or dispensation of any illegal drugs or controlled substances or any other substances which can impair job performance or pose a hazard while at work (including meal or rest periods) or on Work Unlimited premises or while representing Work Unlimited is strictly prohibited.
3. All job offers are made contingent on passing Work Unlimited's pre-employment drug screen. All applicants must be tested and results received prior to reporting to the first day of work.
4. Your signature on this document acknowledges that you understand that a drug test is part of Work Unlimited's regular pre-employment process for all prospective employees.
5. Your signature also shows, if employed, you acknowledge Work Unlimited's right and give your consent, for the company to test for drugs/alcohol in your system at any time during your employment,
  - when Work Unlimited has a reasonable suspicion you are in violation of the Alcohol and Substance Abuse Policy,
  - if you are involved in an on-the-job accident or incident resulting in an injury indicating a possible impairment of ability or judgment, and
  - for any other reason authorized under Work Unlimited Alcohol and Substance Abuse Policy.

I have read and understand Work Unlimited's Alcohol and Substance Abuse Policy and hereby authorize Work Unlimited and the laboratory selected by Work Unlimited to perform drug and alcohol tests and to release any and all information obtained from these tests to designated Work Unlimited representatives, consistent with Work Unlimited's Alcohol and Substance Abuse Policy.

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Print Name (First, Middle Initial, Last)

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Signature

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Date