

# 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: \_\_\_\_\_

## Position Information

Position you are applying for:  Direct Care  Vocational Skill Trainer  
 Management  Other: \_\_\_\_\_

Population you want to work with:  Adolescents  Adults

How did you learn of this position?  Work Unlimited Web Page  Craigslist  
 Employment Department  Newspaper \_\_\_\_\_  
 Living Culture Media Ad  Employee \_\_\_\_\_  
 Walk - In  Job Fair \_\_\_\_\_  
 Internet Job site \_\_\_\_\_  Other \_\_\_\_\_

Indicate any locations where you would be willing to accept employment:

Salem  Monmouth (Adolescent Only)  Corvallis (Adult Only)

Available to work:  Full Time  Part Time  Weekends **Date Available:** \_\_\_\_\_  
 Days  Evenings  Graveyard (Required to remain awake and alert.)

Do you have a 3-year driving record?  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:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**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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PLEASE READ CAREFULLY

Public funds may not be used to support, in whole or in part, the employment in any capacity of an individual having contact with a recipient of home health or in-home care agency services or support services, or contact with a resident of a residential facility or an adult foster home, who has any of the following convictions. **This law pertains to anyone hired into this type of employment on or after July 28, 2009.**

Have you been convicted of any of the following:

YES

NO

- |  |   |
|--|---|
| ORS 163.095 Aggravated murder  | ORS 163.467 Private Indecency   |
| ORS 163.115 Murder   | ORS 163.525 Incest with a child victim  |
| ORS 163.118 Manslaughter I   | ORS 163.535 Abandonment of a child  |
| ORS 163.125 Manslaughter II  | ORS 163.537 Buying or selling a person under 18 years of age                          |
| ORS 163.145 Criminally negligent homicide  | ORS 163.670 Using a child in display of sexually explicit conduct                     |
| ORS 163.149 Aggravated vehicular homicide  | ORS 163.680 Paying for viewing a child's sexually explicit conduct                    |
| ORS 163.165 Assault III  | ORS 163.686 Encouraging child sexual abuse I  |
| ORS 163.175 Assault II   | ORS 163.686 Encouraging child sexual abuse II   |
| ORS 163.185 Assault I  | ORS 163.687 Encouraging child sexual abuse III  |
| ORS 163.187 Strangulation  | ORS 163.688 Possession of materials depicting sexually explicit conduct of a child I  |
| ORS 163.200 Criminal mistreatment II   | ORS 163.689 Possession of materials depicting sexually explicit conduct of a child II |
| ORS 163.205 Criminal mistreatment I  | ORS 163.700 Invasion of personal privacy  |
| ORS 163.225 Kidnapping II  | ORS 164.055 Theft I   |
| ORS 163.235 Kidnapping I   | ORS 164.057 Aggravated Theft I  |
| ORS 163.263 Subjecting another person to involuntary servitude II  | ORS 164.098 Organized retail theft  |
| ORS 163.264 Subjecting another person to involuntary servitude I   | ORS 164.125 Theft of services, if charged as a felony                                 |
| ORS 163.266 Trafficking in persons   | ORS 164.215 Burglary II   |
| ORS 163.275 Coercion   | ORS 164.225 Burglary I  |
| ORS 163.355 Rape III   | ORS 164.325 Arson I   |
| ORS 163.365 Rape II  | ORS 164.377 Computer crime, if charged with a felony                                  |
| ORS 163.375 Rape I   | ORS 164.405 Robbery II  |
| ORS 163.385 Sodomy III   | ORS 164.415 Robbery I   |
| ORS 163.395 Sodomy II  | ORS 165.022 Criminal possession of a forged instrument I                              |
| ORS 163.405 Sodomy I   | ORS 165.032 Criminal possession of a forgery device                                   |
| ORS 163.408 Unlawful sexual penetration II   | ORS 165.800 Identity theft  |
| ORS 163.411 Unlawful sexual penetration I  | ORS 165.803 Aggravated identity theft   |
| ORS 163.415 Sexual Abuse III   | ORS 167.012 Promoting prostitution  |
| ORS 163.425 Sexual Abuse II  | ORS 167.017 Compelling prostitution   |
| ORS 163.427 Sexual Abuse I   | ORS 167.054 Furnishing sexually explicit material to a child                          |
| ORS 163.432 Online sexual corruption of a child II, if the offender reasonably believed the child to be more than five years younger than the offender | ORS 167.057 Luring a minor  |
| ORS 163.432 Online sexual corruption of a child I, if the offender reasonably believed the child to be more than five years younger than the offender  | ORS 181.594 Sex Crimes, including Transporting child pornography into the state       |
| ORS 163.435 Contributing to the sexual delinquency of a minor  |   |
| ORS 163.445 Sexual misconduct, if the offender is at least 18 years of age   |   |
| ORS 163.465 Public Indecency   |   |

## **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 that my employment 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 that I may be terminated with or without cause 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 judgement, 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

## Voluntary Applicant Questionnaire

The company is an Equal Opportunity/Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's ethnic background, citizenship, and sex. Your provision of this information is optional. Your decision not to complete this form will not subject you to any adverse treatment and will not be used in making any decision affecting employment or any personnel action following employment.

When you have completed this form, please send it directly to the Human Resources Director, Work Unlimited, 515 SW Western Blvd., Corvallis, OR 97333. ***This information will be kept confidential.***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Gender Classification:**  Male  Female

### Ethnic Background

- 2+ Two or more ethnicities (not of Hispanic/Latino origin)
- W White, (not Hispanic/Latino origin): Persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- B Black (not of Hispanic/Latino origin): All persons having origins in any of the black racial groups of Africa.
- H Hispanic/Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or of other Spanish culture or origin, regardless of race.
- Asian Asian or Pacific Islanders: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, the Philippine Islands, and Samoa.
- NH/PI Native Hawaiian/Pacific Islander
- AI/AN American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

### Veteran Status

- Are you a veteran?  Yes  No
- Are you a disabled veteran?  Yes  No
- Are you a veteran of the Vietnam Era?  Yes  No