

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 [] 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.

Table with 4 columns: Name, Occupation/Relationship, Years Known, Telephone. Rows 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

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

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

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.

Signature of Applicant

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.

Print Name (First, Middle Initial, Last)

Signature

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

- ND I do not wish to disclose this information
- 2+ Two or more ethnicities (not Hispanic or Latino): A person who identifies with more than one of the below races
- W White, (not Hispanic or Latino): A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- B Black (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- H Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or of other Spanish culture or origin, regardless of race.
- Asian Asian: A person 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: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- AI/AN Native American or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.

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