



Veterans Directed Home & Community Based Services



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment			
City		State		Zip			
Phone			E-mail				
Date Available		Drivers License/ID #			State		
Days Available	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times Available							
Holidays Not Available							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have an Oregon HCW Provider number?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Provider No.				
Do you have a Social Security Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, SSN				
Are you willing to submit to a Criminal Background Check?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you willing to drive your employer's vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you willing to drive your employer in your own vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, please complete the below vehicle information:							
Insurance Co.				Policy No.			

EDUCATION (please write any additional education on a separate sheet of paper.)

School Name	City/State	Dates Attended	Degree	Major

EMPLOYMENT APPLICATION (Page 2 of 3)**REFERENCE #1 (Please list three professional references.)**

Full Name		Relationship	
Company		Phone	
Street Address & Email			

REFERENCE #2

Full Name		Relationship	
Company		Phone	
Street Address & Email			

REFERENCE #3

Full Name		Relationship	
Company		Phone	
Street Address & Email			

PREVIOUS EMPLOYMENT #1

Employer			Phone		
Address			Supervisor		
Job Title		Starting Wage	\$	Ending Wage	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>

PREVIOUS EMPLOYMENT #2

Employer			Phone		
Address			Supervisor		
Job Title		Starting Wage	\$	Ending Wage	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYMENT APPLICATION (PAGE 3 OF 3)**PREVIOUS EMPLOYMENT #3**

Employer		Phone	
Address		Supervisor	
Job Title		Starting Wage	\$
		Ending Wage	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

MILITARY**VIOLATIONS**

Branch		Date Start		Date End		Have you been convicted of a crime other than a minor traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rank at Discharge		Type of Discharge						

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I give permission for references listed above to speak freely about my qualifications and work record. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

BACKGROUND CHECK

Any offer of employment is contingent upon successfully passing the criminal background check. To pass the background check, you must not have any cases of "Offenses Against the Person" or "Offenses against Morals, Decency, and Family." This includes but is not limited to crimes such as: homicide, kidnapping, sexual assault, robbery and blackmail, assault and battery, bigamy, incest, abandoning or endangering children, violation of an order of protection, or endangering children via controlled substances.

By signing here, I authorize the criminal background check, as well as the investigation of all matters contained in this application and I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment.

Signature: _____ Date: _____