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Date of Application			
<hr/>			
First Name		Last Name	
<hr/>			
Address	City	State	Zip
<hr/>			
Home Phone	Message Phone	Email (Mandatory)	
<hr/>			
Department of Interest: <input type="checkbox"/> Employment Services <input type="checkbox"/> Employment PATH <input type="checkbox"/> Community Inclusion			
<input type="checkbox"/> Administration <input type="checkbox"/> Other _____ <input type="checkbox"/> Volunteer			
<input type="checkbox"/> In Home Services (If client specific, list name: _____)			
Are you a previous employee of The Arc Lane County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide dates & location: _____			

Date Available to Start Work: _____

Shifts Available: Mornings Afternoons Evenings Overnights Weekdays Weekends All

Do you have a valid Oregon Driver's License? Yes No

Education

Highest level of education completed:

Current Training/Certification/Registries	
<input type="checkbox"/> Adult CPR/First Aid	<input type="checkbox"/> OIS Certification
<input type="checkbox"/> Infant/Child CPR/First Aid	<input type="checkbox"/> Oregon Central Background Check Registry
<input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> Other-
<input type="checkbox"/> Universal Precautions/Bloodborne Pathogens	
<input type="checkbox"/> Child Development Classes	

I hereby certify that all the information provided in my application is freely given, true and complete. I understand that any false statements, answers or misleading information may be sufficient grounds for immediate disqualification or dismissal at any time.

Signature

Date

Do you have experience supporting individuals with developmental disabilities? If yes, please describe:

Professional References			
Name	Title	Email (Preferred Contact Method)	Phone

Employment History		
(Resume may be provided in lieu of completing Employment History Form)		
Employer:	Dates Employed:	Supervisor:
Address:	From: To:	Phone: ()
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position:	Reason for leaving:	
Duties/Responsibilities:		
Employer:	Dates Employed:	Supervisor:
Address:	From: To:	Phone: ()
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position:	Reason for leaving:	
Duties/Responsibilities:		
Employer:	Dates Employed:	Supervisor:
Address:	From: To:	Phone: ()
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position:	Reason for leaving:	
Duties/Responsibilities:		