Employment Application

4181 E Street Springfield, OR 97478
Phone: (541) 343-5256 Fax: (541) 343-4387
www.arclane.org

Date of Application _____

Department of Interest: ❑ Employment Services ❑ Employment PATH ❑ Stepping Out
❑ Administration ❑ Youth Programs ❑ System of Cares ❑ Other _____
❑ Community Connectors (If client specific, list name: _____)

How did you hear about this position: _____

Applicant Information

Legal First Name	**Legal Last Name**		
Preferred Name			
Address	**City**	**State**	**Zip**
Home Phone	**Message Phone**	**Email (Mandatory)**	

Are you a previous employee of The Arc Lane County? ❑ Yes ❑ No

If yes, provide position, dates, and location: _____

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

Highest level of education completed: _____

Date Available to Start Work: _____

Shift Availability: ❑ Mornings ❑ Afternoons ❑ Evenings ❑ Overnights ❑ Weekdays ❑ Weekends

Do you have experience supporting individuals with intellectual or developmental disabilities?

❑ Yes ❑ No **If yes, please describe:** _____

_____

_____

ODDS Required Disclosure: Have you ever been the subject of a **substantiated abuse investigation** involving a child, older adult, or person with disabilities? (A "Yes" response does not automatically disqualify you from employment. Additional review may be required.) ❑ Yes ❑ No

Current Training/Certification/Registries

☐ Adult CPR/First Aid	☐ OIS Certification
☐ Infant/Child CPR/First Aid	☐ Oregon Central Background Check Registry
☐ Certified Nursing Assistant	☐ Other-
☐ Core Competencies (Workday Oregon)	

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Employment History (Resume may be provided in lieu of completing Employment History Form)		
Employer:	**Dates Employed:** **May we contact?** ❑ Yes ❑ No	**Supervisor:** **Phone:**
Position:	**Reason for leaving:**	
Duties/Responsibilities:		
Employer:	**Dates Employed:** **May we contact?** ❑ Yes ❑ No	**Supervisor:** **Phone:**
Position:	**Reason for leaving:**	
Duties/Responsibilities:		
Employer:	**Dates Employed:** **May we contact?** ❑ Yes ❑ No	**Supervisor:** **Phone:**
Position:	**Reason for leaving:**	
Duties/Responsibilities:		

References (At least one professional is required)			
Name	**Email** (Preferred Contact Method)	**Phone**	
			☐ Professional
			☐ Personal ☐ Professional
			☐ Personal ☐ Professional

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.

I authorize any person, organization or company listed on this application to furnish you with information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

I understand that The Arc Lane County is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran, or disability status.

Signature **Date**