

1815 NW 169th Place, Suite 1060, Beaverton, Oregon 97006 (503) 533-4373 ~ FAX (503) 533-5833

EMPLOYMENT APPLICATION

Please circle the name of the program or locations you wish to be considered for work.

Madeline Group Home 5405 SW 197th Aloha, Oregon 97006 Rockwood Group Home 1931 SE 157th Drive Portland, Oregon 97233 St. Helens Group Home 845 Matzen Street St. Helens, Oregon 97051

Scappoose Group Home 33894 SE Oak Street Scappoose, Oregon 97056 Quincy Group Home 78791 Quincy Mayger Road Clatskanie, Oregon 97016 Spring Street Group Home 412 NE 5th Street Clatskanie, Oregon 97016

Clatskanie Employment/DSA 175 N. Nehalem Clatskanie, Oregon 97016 Clatskanie Employment/DSA 90 Steele Street Clatskanie, Oregon 97016 Aloha Group Home 2018 SW 185th Aloha, Oregon 97006

St. Helens Employment/DSA 298 South 1st Street St. Helens, Oregon 97051 Clackamas DSA 16097 A SE McLoughlin Blvd Milwaukie, OR 97267 Orchard Group Home 236/238 Orchard Street Clatskanie, Oregon 97016

Fremont Group Home 3601 NE 141st Portland, Oregon 97230 Sterling Court Group Home 14682 SE Sterling Court Clackamas, Oregon 97015 Oregon City Group Home 1914 13th Street Oregon City, Oregon 97045

Supported Employment Washington, Clackamas, Columbia and Multnomah Counties In-Home Supports Washington, Clackamas, Clatsop Columbia and Multnomah Counties Supported Living Program Washington and Columbia Counties

CAS Main Office 1815 NW 169th Pl. Ste 1060 Beaverton, Oregon 97006 Belmont Office 4506 SE Belmont Street, Suite 110 Portland, OR 97215

If the information provided on your application does not clearly show that you meet the qualifications for the job or is any section is left blank, your application may not be considered. We also cannot accept unsolicited applications.

Community Access Services is an Equal Opportunity Employer and a Drug Free Workplace.

Our mission is to respect and support all individuals we serve to live a healthy and fulfilled life in their home and community.

APPLICA	ANI.	TIALOK	MATION				-									
Last Name	е						F	irst						M.I.		
Street Address									Apartment/Unit #							
City								State	2			ZIP				
Phone								E-ma	ail Add	ress						
Date avail	lable to	o start							Are yo	you at least 18 years of age?				ES NO		
Position Applied for					Desire					sired Salary						
Are you a	uthoriz	zed to w	ork in the U.S.?	YE	YES NO NO											
Have you	ever v	vorked f	or CAS in the past	? YE	ES 🗌	NO If so, when?										
Have you	ever v	vorked v	vith a person who	experienc	experiences an intellectual or developmental disability					lity?			YE	S 🗌	NO 🗆	
If yes, ple	ease ex	cplain:														
How did y	ou he	ar about	our agency?													
Availability	y/Prefe	erred Sh	ifts (please select	all that ap	pply)	Da	ау 🗌	Swin	g 🗆	Overnigh	nt 🗌 Weekday			☐ Weekend ☐		
Number o	of hour	s availal	ole to work:		Type of shift sought (circle all that apply)					ly) Full Tir	Full Time Part Time			On-Call		
Can you p	perforn	n the du	ties required for th	e position	n with or	without re	asonable	accomr	modati	ions? YE	S 🗌	NO [
EDUCAT	ΓΙΟΝ	Ī				•						1				
Sc	chool		Name &	Location Course of St				Study	y Years Completed					Diploma/Degree		
High	Schoo	ol		N/A					9 10 11 12							
College/University								1 2 3 4								
Additional Education																
LICENC	FC/C	EDTIE	CATIONS													
LICENS		icense 7	ICATIONS		Īc	suing Auth	hority/Stat	·		1 /	icense Nur	nher		Evnir	ation Date	
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SUPPLE	MEN	IAL Q	DESITON													
Why do yorganizat		ant to	work for Commu	nity Acce	ess Servi	ices? If h	nired, wh	at kno	owledg	ge, skills or	abilities w	ould yo	u co	ontribute	to our	

EMPLOYMENT HISTORY - Please start with your present or most recent employer.										
Company	Phone Number									
Address	Supervisor									
Job Title Starting Salary						E S	Ending Salary	\$		
Responsibilities:										
From	To Reason for Leaving									
Company	Phone									
Address					ervisor					
Job Title Starting S				\$			Ending Salary	\$		
Responsibilities:										
From	То]								
Company					Phone					
Address				Supervisor						
Job Title Starting Salar							Ending Salary	\$		
Responsibilities:							,			
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From	rom To Reason for Leaving									
Company					Phone					
Address					Supervisor					
Job Title Starting Salary							Ending Salary	\$		
Responsibilities:							Juliui y			
From	To Reason for Leaving									
Please use an add	ditional sheet of paper	r if needed to list mo	ore employment h	istory	·.					
DEEEDENCES .	- Please list three n	rofessional refere	nces—neonle v	ou ba	ave worked	ł with	that can en	eak about your qualifications.		
Full Name	ricuse list till ee p	TOICSSIONAL TELEFOL	iccs people y	ou ne	Relationshi		r triat carr sp	can about your qualifications.		
Company					Phone	r				

REFERENCES - Please list three professional references—people you have worked with that can speak about your qualifications.					
Full Name	Relationship				
Company	Phone				
Email Address	Years Known				
Full Name	Relationship				
Company	Phone				
Email Address	Years Known				
Full Name	Relationship				
Company	Phone				
Email Address	Years Known				

EMPLOYMENT ELIGIBILITY
The State of Oregon requires disclosure of substantiated abuse/neglect history. Have you ever been subject to an investigation into allegations of abuse/neglect which resulted in a substantiated finding? YES \square NO \square
If yes, please describe and provide the date(s) this occurred (please use a separate piece of paper if necessary).
Many of our positions require that you possess a valid drivers license, and a good driving record (no more than 3 infractions in a 3 year period). Are you able to meet this requirement? YES \square NO \square
Our positions require that a candidate successfully pass an Oregon Criminal History Check. A provider crime disqualifier list is available here: http://www.oregon.gov/dhs/chc/pages/index.aspx . If invited to complete an Oregon Criminal History Check Authorization, you may be asked to disclose any criminal background to the person conducting the check.
I understand that any offer of employment is contingent on the outcome of my background check and that my application may be rejected by the State of Oregon Department of Human Services. YES \square NO \square
Many of our positions require working in a home environment where a cat, dog or other pet resides. Are you able and willing to work in an environment shared with a pet? YES \square NO \square
If hired, you will be asked to disclose any personal relationships, as well as any financial/business relationships that may represent an actual or potential conflict of interest for a CAS employee. If hired, are you able to answer this question for us? YES \square NO \square
Are you currently employed? YES \square NO \square All current and past employment will be verified. If you do not wish to have an employer verified, please let us know who it is, and provide a reason for this request.
AUTHORIZATION, AGREEMENT AND ACKNOWLEDGMENT
I authorize the employer, school, or person named by me in this application to release to Community Access Services, Inc., all information regarding my employment, character and qualifications, and I agree to hold all persons harmless with respect to the information they may give or receive, verbally or in writing.
I certify that the information provided in this application, any attached resume and supplemental materials are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and submitted materials in evaluating my application for employment.
I understand that false or misleading information given in my application, resume, supplemental materials or subsequent interview(s) may result in denial or discharge of employment, regardless of how or when discovered. I also understand that I may be asked to furnish verification of any of the information contained in this application.
I understand and agree that if I am hired and accept a position, such employment is "at-will" and either I or representatives of Community Access Services may terminate employment, with our without cause at any time. If hired, I agree to abide by all policies, rules, and regulations of this agency. I understand that Community Access Services has the right to change wages, hours, and working conditions at its discretion.
Signature Date
For Office Use Only:
Date of Hire: Rate of Pay: \$ Track 1 / Track 2

Date:_

Hired By:_