



**Community
Access
Services**

*a nonprofit organization assisting persons with
intellectual/developmental disabilities
in the community*

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

EMPLOYMENT APPLICATION

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

Madeline Group Home

5405 SW 197th Avenue
Aloha, Oregon 97078

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

Fremont Group Home

3601 NE 141st Avenue
Portland, Oregon 97230

Sterling Court Group Home

14682 SE Sterling Court
Clackamas, Oregon 97015

Aloha Group Home

2081 SW 185th Avenue
Aloha, Oregon 97003

Brogden Group Home

3121 NE Brogden Street
Hillsboro, Oregon 97124

Oregon City Group Home

1914 13th Street
Oregon City, Oregon 97045

Orchard Group Home

236/238 Orchard Street
Clatskanie, Oregon 97016

Tibbetts Group Home

15208 SE Tibbetts Street
Portland, Oregon 97236

**Columbia County -
Community DSA**

423 N. Nehalem Street
Clatskanie, Oregon 97016

**Portland Metro –
Community DSA**

1914 13th Street
Oregon City, Oregon 97045

Supported Employment

Washington, Clackamas,
Columbia and Multnomah
Counties

**Supported Living & In-
Home Supports Program**

Multnomah, Washington,
Clackamas, and Columbia
Counties

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.

CAS Main Office
1815 NW 169th Place, Suite 1060
Beaverton, Oregon 97006

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

APPLICANT INFORMATION

Last Name		First		M.I.		
Street Address			Apartment/Unit #			
City		State		ZIP		
Phone		E-mail Address				
Date available to start		Are you at least 18 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Position Applied for			Desired Salary			
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for CAS in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever worked with a person who experiences an intellectual or developmental disability?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:						
How did you hear about our agency?						
Availability/Preferred Shifts (please select all that apply)		Day <input type="checkbox"/>	Swing <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekday <input type="checkbox"/>	Weekend <input type="checkbox"/>
Number of hours available to work:		Type of shift sought (circle all that apply)		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	On-Call <input type="checkbox"/>
Can you perform the duties required for the position with or without reasonable accommodations?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION

School	Name & Location	Course of Study	Years Completed	Diploma/Degree
High School		N/A	9, 10, 11, or 12?	
College/University			1, 2, 3 or 4?	
Additional Education				

LICENSES/CERTIFICATIONS

License Type	Issuing Authority/State	License Number	Expiration Date

SUPPLEMENTAL QUESTION

Why do you want to work for Community Access Services? If hired, what knowledge, skills or abilities would you contribute to our organization?

EMPLOYMENT HISTORY - Please start with your present or most recent employer.

Company	Phone Number
Address	Supervisor
Job Title	From To
Responsibilities:	
Reason For Leaving (Be Specific)	

Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities:	
Reason For Leaving (Be Specific)	

Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities:	
Reason For Leaving (Be Specific)	

Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities:	
Reason For Leaving (Be Specific)	

Please use an additional sheet of paper if needed to list more employment history.

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 NO

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 NO

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 NO

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 NO

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 NO

Are you currently employed? YES NO 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: _____ *Starting Rate of Pay:* \$ _____

Hired By: _____ *Date:* _____