



*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

Naegeli Group Home
1530 SE 5th Street
Gresham, Oregon 97080

Tibbetts Group Home
15208 SE Tibbetts Street
Portland, Oregon 97236

14th Street Group Home
1807 E. 14th Street
The Dalles, Oregon 97058

Nevada Group Home
1616 Nevada Street
The Dalles, Oregon 97058

Kropp Group Home
824/826 Kropp Court
Hood River, Oregon 97031

Sherman Group Home
2003 Sherman Ave.
Hood River, Oregon 97031

Eugene Group Home
2957 Eugene Street
Hood River, Oregon 97031

**Mid-Columbia DSA &
Community Living Supports**
1102 12th Street
Hood River, OR 97031

Community Living Supports
- Multnomah, Columbia,
Washington, and Clackamas
Counties

Portland Metro DSA
1914 13th Street
Oregon City, Oregon 97045

Columbia Community DSA
423 N. Nehalem Street
Clatskanie, Oregon 97016

Commercial Contract Services
1210 Dry Hollow Rd., Suite 1
The Dalles, OR 97058

Employment Services

Washington, Clackamas, Columbia, Multnomah,
Hood River, and Wasco 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. 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

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

LICENSES/CERTIFICATIONS

<i>License Type</i>	<i>Issuing Authority/State</i>	<i>License Number</i>	<i>Expiration Date</i>

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)	
<i>Please use an additional sheet of paper if needed to list more employment history.</i>	

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:* _____