



*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 driver’s 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.

Most of our positions fall under a state mandate that requires employees to be vaccinated for COVID-19 or have an approved medical or religious exemption in place prior to working. Are you fully vaccinated for COVID? YES NO

Do you require an exemption and are you able to provide necessary documentation supporting this request? YES NO

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 or 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: _____

EEO-1 Self-Identification Form

Responses are used to complete the Department of Labor EEO Reporting

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

As government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.

Thank you for your participation!

Name: _____ Date: _____

Gender: Male Female Job Title: _____

RACE/ETHNICITY: Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

I do not wish to self-identify

VETERAN STATUS: Vets-100

I am Not a Veteran*

Yes, I am a Veteran*

***Please complete the VETS-100 form**

DISABILITY: Do you have a Disability? Yes No

If you checked "Yes", is your disability one of the targeted disabilities listed below?

Yes No

Blind	Convulsive Disorder	Partial Paralysis
Deaf	Mental Retardation	Complete Paralysis
Missing Extremity (s)	Mental Illness	Genetic or physical condition affecting limbs or spine

Veteran Self-Identification Form 100

Responses are used to complete the required VETS-100 Reporting

Name: _____ Date: _____

Position employed in or applied for: _____

- 1) Yes No **Are you a Veteran?** If Yes, what is your **Date of Discharge** _____
If you are a Veteran, please continue and check all that apply (see below for definitions)
- 2) Yes No **Are you retired from the military?** If Yes, what is your **Date of Retirement** _____
- 3) Yes No **Disabled Veteran**
- 4) Yes No **Veteran of the Vietnam era**
- 5) Yes No **Other protected Veteran**
(Veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
- 6) Yes No **Recently separated Veteran** (Veteran within 12 months from discharge or release from active duty)
- 7) Yes No **Do you qualify for Veteran's Preference;** if yes please explain: _____
(The last war for which active duty is qualifying for Veterans preference is World War II (12-7-41 thru 4-28-52))

The U.S. Department of Labor (DOL), Veterans' Employment and Training Service (VETS) annually collects and compiles the Federal Contractor Veterans' Employment Report (VETS-100) from federal contractors and subcontractors. DEL REY is an Equal Opportunity Employer and ensures its personnel processes provide for careful, thorough and systematic consideration of the job qualifications of applicants and employees with known disabilities and for covered Veterans for job vacancies filled. DEL REY takes affirmative action to employ, advance in employment, and otherwise treat qualified individuals without discrimination based on their status as individuals with disabilities and/or Covered Veterans in all employment practices. Under the regulations implementing the affirmative action provisions of VEVRAA issued by the Office of Federal Contract Compliance Programs (OFCCP), a federal contractor is required to invite applicants and current employees to inform the contractor whether he or she is a Veteran belonging to one or more of the categories of Veterans covered under VEVRAA who wishes to benefit under the contractor's affirmative action program (AAP) for covered Veterans. Definitions follow:

Disabled Veteran means:

- 1- A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability
- (A) rated at 30 percent or more, or
 - (B) rated at 10 or 20 percent in the case of a Veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap
- 2- A person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam era means: A person who:

- 1- Served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed:
- (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
 - (B) Between August 5, 1964, and May 7, 1975, in all other cases.
- 2- Was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed:
- (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
 - (B) Between August 5, 1964, and May 7, 1975, in any other location.

Other protected Veteran means:

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the U.S. Department of Defense.

Recently separated Veteran means:

Any Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means:

Any Veteran who, while serving on active duty in the U.S. military, ground, naval, or airservice, participated in a United States military operation to which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.



**AUTHORIZATION BY APPLICANT
FOR
RELEASE OF INFORMATION**

To Whom It May Concern: _____

I hereby give consent to any authorized representative of Community Access Services to obtain any information about my academic record, employment history (including disciplinary actions, attendance, and qualifications), character, credit, law enforcement (including but not limited to, charges, prosecutions, convictions, civil or criminal offenses), military history, professional license records (including any grievance records). I hereby direct each entity to which this form is presented to release information upon request of the authorized recipient as described above, regardless of any other agreement or direction they or I may have made.

This consent is executed with full knowledge and understanding that all information that is obtain is for official use by Community Access Services in determining my suitability for employment. I agree to hold all persons/entities harmless with respect to information they may give or receive, verbally or in writing.

Signature of Applicant:

Date:

Applicant Name (Printed):

SS#:
(Use this for employment
Reference only)

Name(s) Previously Used: _____

Photocopy of this Release shall be as Valid as the Original