

Have you ever applied here before?Yes No
 When? _____
 Were you ever employed here?Yes No
 When? _____

(This information will not necessarily disqualify the applicant from employment)
 Are you eligible to work in the United States?Yes
 No
 (Successful applicants will be required to prove identity and eligibility for employment)

Office Use Only: Date Received: _____ Copy forwarded to; _____

EDUCATION

	Name and location of school	Graduated ?	Course or Major
high school		Yes <input type="checkbox"/> No <input type="checkbox"/>	
college		Yes <input type="checkbox"/> No <input type="checkbox"/>	
other		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any additional educational and/or vocational or technical training, current licenses & special skills

WORK HISTORY (Please provide complete information you may attach additional pages if needed)

Present or last employer	Your position/ job title
Start date (month & Year) End date (month & year)	Start pay Final pay
Supervisor's name & phone number	
Job duties	
Reason for Leaving	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name & Address	Your position/ job title
Start date (month & Year) End date (month & year)	Start pay Final pay
Supervisor's name & phone number	

Job duties
Reason for Leaving

Company Name & Address	Your position/ job title
Start date (month & Year) End date (month & year)	Start pay Final pay
Supervisor's name & phone number	
Job duties	
Reason for Leaving	

Please describe your interest in working at Friendsview

Do you have any commitments or agreements with another employer which might affect your employment here? Yes
 No
 If yes, please explain

Qualified relatives / friends are eligible for employment except in unusual situations where we need to avoid possible conflict of interest. Do you have any relatives / friends who currently work for us?..... Yes No

If yes, please give name: _____

Have you ever had a problem at work involving absenteeism or lateness? Yes
 No

ANSWER THESE QUESTIONS ONLY IF DRIVING IS PART OF THE JOB

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License Number _____ State _____
Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations in the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes give details:

REFERENCES

Please give the names of three people who know you well (not relatives or former employers) that may be able to give us additional information regarding your skills.

Name, relationship, number of years they have known you Number	Address & phone

How did you hear about this job opening at Friendsview Retirement Community?

- Newspaper Ad
- Craig's List
- A Friend (who? _____)
- Other (please specify _____)
- Friendsview Website
- CNA class
- GFU Job Connection

It is the policy of Friendsview Retirement Community to ensure equal employment opportunities to all applicants and employees on the basis of individual qualifications regardless of race, color, religion, age, sex, disability, national origin or any other protected status.

Friendsview will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our Human Resources Office at 503-554-7009 / phanson@friendsview.org

Verification & Signature

I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment including all statements made in this application and any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.) employers or other entities (schools, etc) supplying it. I also release you from all liability which might result from making the investigation.

I certify that the facts and information given in this application, in any attachments or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions generally will result in denial of employment or immediate termination regardless of how they were discovered.

I understand that I may be required to submit to pre or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

I understand that I may resign or be terminated without cause or notice at any time unless otherwise stated in a written employment contract. I also understand that the Executive Director is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
This application will only be considered active for 45 days.

I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Yes No Signature _____ Date _____

EMPLOYMENT VERIFICATION AND REFERENCE CHECK – please complete top half of form and turn in with your Employment Application- we will fax it to your former employer

I hereby authorize Friendsview Retirement Community to investigate all matters which it deems relevant to my qualifications for employment, including information about my prior work history and job performance. I authorize the employer below and supervisors to provide such information and I hereby release them from all liability whatsoever which might result from furnishing it.

Date _____ Applicant's name _____ / _____
(print name) (signature)

Employer's name _____

Phone: _____ Fax _____

Address _____
(street) (city) (state) (zip)

Dates of Employment: start date: _____ end date: _____
(month/ year) (month/year)

Supervisor's name(s) _____

Ending position: _____ wages: _____

Reason for leaving: _____

----- DO NOT WRITE BELOW THIS LINE -----

The individual whose signature appears below has applied for a position with Friendsview Retirement Community and has authorized you to provide information on employment with you.

You will note that the authorization also releases you from all liability whatsoever which might result from information to us. **Please fax this completed form to us at (503) 538-6371.** We would really appreciate your help!

Please rate Employee:	Excellent	Good	Average	Improvement needed	Poor
Punctuality					
Attendance (met your Co. standards)					
Cooperation (work well with others)					
Dependability (completes tasks)					
Quality of work (accuracy & thoroughness)					
Quantity of work (productivity relative to Co. standards)					
Technical Ability					

Would you re-employ ___YES ___NO (why not?) _____

Comments: _____

Signature _____ **Date** _____

All information you provide will be kept in confidence. Thank you.

Form completed by: _____ **Date** _____

(print name)

(title)