



Employment Application

Friendsview Retirement Community practices equal employment opportunity in all job openings. All qualified applicants will receive consideration for employment without regard to race, color, ancestry, gender, age, religion, marital, veteran or citizenship status, sexual orientation, gender identity, national origin, the presence of sensory, mental or physical disability, genetic information, or any other basis prohibited by local, state, or federal law. Disabled applicants may request a reasonable accommodation at any point in the employment process.

Friendsview Retirement Community is a smoke-free and drug-free workplace. Pre-employment drug testing is required.

Please read carefully and answer each question. This application is 4 pages. Incomplete or illegible applications will not be processed. PLEASE PRINT CLEARLY.

Position(s) Applied For:			Date of Application:	
			Date Available for Employment:	
Last name	First name	Middle initial	Maiden or other names used:	
Address (street)		City	State	Zip code
Home phone		Cell / message phone:		
E-mail address				

Are you able to perform the essential requirements of the job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever applied here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?
Have you ever worked here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?
Are you legally authorized to work in the USA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employment status sought: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Variable Hour <input type="checkbox"/> Temporary				
Check the shifts and days you can work:				
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift	<input type="checkbox"/> Rotating	
<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.

Office Use Only: Date Received: _____ Copy forwarded to; _____
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EDUCATION *Please answer all sections for Education. Attach additional sheets if needed.*

	Name and location of school	Graduated	Degree/Certificate Course/Major
High school/GED		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"/>	
List any additional educational and/or vocational or technical training, current licenses & special skills not listed above:			

WORK HISTORY *Please answer all sections for Work History. Start with your present or most recent position, and provide complete information for the past 10 years. Attach additional sheets if needed.*

Present or last employer	Your position/ job title	
Dates of employment (include month & year)	Start pay	Final pay
Supervisor's name, phone number & email address		
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	
Dates of employment (include month & year)	Start pay	Final pay
Supervisor's name, phone number & email address		
Job duties		
Reason for Leaving		

Company Name & Address	Your position/ job title	
Dates of employment (include month & year)	Start pay	Final pay
Supervisor's name, phone number & email address		
Job duties		
Reason for Leaving		

Please let us know why you are interested 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 a possible conflict of interest due to supervisory authority. Do you have any relatives / friends who currently work for us? Yes No If yes, please give name: _____

CRIMINAL HISTORY

Employment at Friendsview is contingent on successful completion and approval of a new Department of Human Services (DHS) criminal background check process. If a new hire has any criminal history within the last 5 years that does not have an outcome of "dismissed," "no complaint," or "expunged," DHS will not allow that new hire to begin employment at Friendsview until their background check has been approved.

If driving is part of the job you are applying for, do you have a valid driver's license? Yes No

Driver's License Number _____ State _____

REFERENCES

Please provide the names of three professional references (other than supervisors named above).

Name, company, title, relationship to you, # of years they have known you	Phone number & email

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

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Friendsview Website |
| <input type="checkbox"/> Craig's List | <input type="checkbox"/> CNA class |
| <input type="checkbox"/> Friend (who?) _____ | <input type="checkbox"/> GFU Job Connection |
| <input type="checkbox"/> Other _____ | |

VERIFICATION & SIGNATURE

I understand that Friendsview Retirement Community follows an “employment at will” policy, and if hired, that I or the employer may terminate my employment at any time, or for any reason consistent with applicable local, state or federal law. I understand that this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of this organization. I understand that this application is not a contract of employment.

I understand that the federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I certify the information provided on this application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal. I certify that I am not engaged in any outside activity or business that could be considered in conflict with Friendsview Retirement Community’s interest, nor will I become engaged in such activity or business if employed. I also certify that I am not bound by any agreement that would limit my ability to work for Friendsview Retirement Community.

I authorize Friendsview Retirement Community to solicit information regarding my character, general reputation, previous education and employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Friendsview Retirement Community from any liability for future references it may provide regarding my work history with Friendsview Retirement Community.

I understand and acknowledge that if I receive a job offer from Friendsview Retirement Community, I must successfully pass a urinalysis drug screen and a criminal background check. I understand that as a job applicant if my drug test results are positive I will not be considered for employment again for one (1) year. I also understand that as a job applicant I must follow all drug procedures as outlined to me or I will forfeit my opportunity for employment. If employed by Friendsview Retirement Community, I further consent to undergo future drug/alcohol screens by providing urine, blood or breathalyzer samples as may be requested by Friendsview Retirement Community or as required by Friendsview Retirement Community employment policies to the extent permitted by law. I hereby authorize the release of the results of such examination to Friendsview Retirement Community or its designated agents for use in evaluating my suitability for employment.

Applicant Name (please print) _____

Signature _____ Date _____

**Return applications to:
Friendsview Retirement Community, Human Resources Office
1301 East Fulton St., Newberg, OR 97132**

This application will only be considered active for six months.

The Mission of Friendsview Retirement Community is to provide active residential living and quality continuing care to seniors in a Christ-centered community. To that purpose we covenant together to uphold the values of:

**INTEGRITY
EXCELLENCE**

**STEWARDSHIP
DIGNITY**

**COMPASSION
SERVICE**

**COMMUNITY
FRIENDS HERITAGE**