



Employment Application

Position Applied For _____ Available Beginning _____
 Full-time Part-time Resource Temporary Wage Requirement _____

Cascade Health Solutions is an equal opportunity employer. We do not discriminate in our hiring or employment practices based on any factor prohibited by law or regulation. No question asked of an applicant is intended to obtain information for discriminatory purposes. Applicants must meet the posted education, license, qualifications, skills, essential job functions, and other listed requirements of the position they are applying for. Applicants who engage in substance abuse are not eligible for employment at this organization and should not complete an application.

Personal

Name _____ Date of Application _____
 Address _____ City _____
 State _____ Zip _____ Home Phone Number _____
 Work Phone Number _____ Cell Phone Number _____
 Best Time to Call _____ E-mail Address _____
 Were you previously employed by us? Yes _____ No _____ If Yes, when? _____
 Are you legally eligible for employment in the United States? Yes _____ No _____
 Are you at least 18 years of age? Yes _____ No _____
 Do you have any commitments or agreements with another employer which might affect your employment here?
 Yes _____ No _____ If yes, please explain _____
 Can you safely perform all of the functions of the positions for which you are applying, with or without reasonable accommodation, including work attendance requirements? Yes _____ No _____
 Emergency Contact _____ Phone _____

Educational Background

Type of School	Name and Address of Institution	How Many Years Attended	Graduated	Course / Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business / Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional Organizations _____
 Oregon Professional Registration and/or License Number _____ Expiration Date _____
 (For Driving Jobs Only) Do you have a valid driver's license? Yes _____ No _____ License Number _____ State _____
 Job Related Skill and other Qualifications _____

Do you type? Yes _____ No _____ Speed _____

References

List three individuals not relatives or former employers. (Include the name, occupation, years acquainted, address, and phone number for each reference.)

- 1. _____
- 2. _____
- 3. _____

Prior Work History

List in order, all employers, last or present employer first. Give the most complete information possible. Under "specific duties," emphasize your own tasks including kind of work, supervisory, technical, or other responsibilities. Please give month and year.

Present or Last Position

Total Time Employed

Employing Firm _____ Years _____ Months _____
 Address _____ From: _____
 Your Title _____ Name of Supervisor _____ To: _____
 Specific Duties _____ Full Time? Yes _____ No _____
 _____ Starting Wage \$ _____
 _____ Last Wage \$ _____

Please state name used at that time _____
 If last position, state reason for leaving _____
 If you are still working here, may we contact this employer? Yes _____ No _____ Phone _____

Previous Position

Total Time Employed

Employing Firm _____ Years _____ Months _____
 Address _____ From: _____
 Your Title _____ Name of Supervisor _____ To: _____
 Specific Duties _____ Full Time? Yes _____ No _____
 _____ Starting Wage \$ _____
 _____ Last Wage \$ _____

Please state name used at that time _____
 Reason for leaving _____
 May we contact this employer? Yes _____ No _____ Phone _____

Previous Position

Total Time Employed

Employing Firm _____ Years _____ Months _____
 Address _____ From: _____
 Your Title _____ Name of Supervisor _____ To: _____
 Specific Duties _____ Full Time? Yes _____ No _____
 _____ Starting Wage \$ _____
 _____ Last Wage \$ _____

Please state name used at that time _____
 Reason for leaving _____
 May we contact this employer? Yes _____ No _____ Phone _____

Previous Position

Total Time Employed

Employing Firm _____ Years _____ Months _____
 Address _____ From: _____
 Your Title _____ Name of Supervisor _____ To: _____
 Specific Duties _____ Full Time? Yes _____ No _____
 _____ Starting Wage \$ _____
 _____ Last Wage \$ _____

Please state name used at that time _____
 Reason for leaving _____
 May we contact this employer? Yes _____ No _____ Phone _____

How did you learn about this position? _____



Employment Application Certificate

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references listed or not listed on this application may be contacted by Cascade Health Solutions (CHS). These references are authorized to give CHS any and all pertinent information they may have. I release all persons or entities involved, including CHS, from all liability arising from this contact and provision of information. If employed, I release CHS from any liability for references it may provide in the future regarding my work history with the organization.

I agree to fully submit to any post-offer, pre-employment testing or physical examination, as required by CHS, and I understand that any employment offer is contingent upon passing this process. I understand that a urine specimen will be obtained for screening of drugs and that failure to cooperate with the testing process or a positive test result will disqualify me from further consideration for employment with CHS.

I authorize CHS to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by CHS in making hiring decisions.

I agree to conform to all CHS policies, rules, and procedures. I understand that Cascade Health Solutions is a smoke-free, alcohol-free, drug-free, and weapon-free work environment.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between CHS and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason. It also means that I can be terminated by CHS at any time, with or without cause.

Signature _____ Date _____