



## Employment Application

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

Cascade Health 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 use are not eligible for employment at this organization and should not complete an application.

### Personal Information

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ 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 position(s) for which you are applying, with or without reasonable accommodation, including work attendance requirements?  Yes  No

How did you learn about this position? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

### Educational Background

Type of School	Name, City & State of Institution	How Many Years Attended	Graduated	Degree / 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 Skills and Other Qualifications \_\_\_\_\_

Do you type?  Yes  No Speed \_\_\_\_\_

**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 provide month and year. Attach additional work history pages if needed.

**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

Please state name used at that time \_\_\_\_\_

If last position, state 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

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

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

Please state name used at that time \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer?  Yes  No Phone \_\_\_\_\_



**Professional References**

List three professional references (not relatives or friends) that can provide information about your past work performance. (Include name, occupation, years acquainted, email address, city/state, and phone number for each.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**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. These references are authorized to give Cascade Health any and all pertinent information they may have. I release all persons or entities involved, including Cascade Health, from all liability arising from this contact and provision of information. If employed, I release Cascade Health 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 Cascade Health, 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 Cascade Health.

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

I agree to conform to all Cascade Health policies, rules, and procedures. I understand that Cascade Health 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 Cascade Health 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 Cascade Health at any time, with or without cause.

Signature \_\_\_\_\_ Date \_\_\_\_\_