



IMPORTANT INFORMATION, PLEASE READ.

Please be sure to **download** the application form **prior** to completing it. Upon completion, please print the form or save it as a .pdf file, and e-mail it to employment@isliving.org. Alternatively, forms may be hand delivered or mailed to:

IS LIVING
1880 FISHER RD., NE
SALEM, OR 97305



Instructions for Completing the Employment Application

Please read these instructions **BEFORE** completing the application.

These instructions must be followed or your application will be rejected.

1. Do NOT provide any information regarding your race, color, creed, national origin, ancestry, age, sex religion, marital status, non-job related medical injury or handicap. **Applications with this information will be automatically rejected.**
2. Read all instructions preceding sections, where applicable.
3. Date your application.
4. All personal references listed **must** include **complete**:
 - a. Name
 - b. Telephone number including area code
 - c. City in which the telephone number applies
5. All Employer references listed **must** include **complete**:
 - a. Company or reference name
 - b. Address
 - c. Zip Code
 - d. Phone number and area code
6. Include dates whenever requested (minimum of month and year)
7. **Sign** and **date** your legal signature at the end of the application before submitting it to the business office.
8. Answer the questions on the attachment(s) and return with your application.
9. Read the Position Description and Job Analysis thoroughly and return it with the application.
10. **Incomplete applications will be rejected.**

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

Date of Application: _____

NAME: _____

Other names you are known by: _____

ADDRESS: _____

Mailing Address (if different from above): _____

CONTACT: Phone(s): _____ Email: _____

Referral Source (check all that apply): Advertisement Employment Agency Walk-in
Friend Relative If so, who referred you? _____

Other, please specify: _____

Have you ever applied at or been employed by IS Living? YES NO

Type of work desired: _____ Wage Desired: _____

DATE AVAILABLE FOR EMPLOYMENT _____

Are you available to work FULL-TIME PART-TIME OVER-TIME ON-CALL/RELIEF
 DAY SHIFT SWING SHIFT GRAVEYARD SATURDAY SUNDAY

Are you 18 years of age or older? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Do you have a valid driver's license or state issued ID card? (check one)

License or ID Number: _____ State of Issue: _____

By signing and submitting your application you acknowledge and consent to IS Living's review of your driving record.

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Have you ever pled guilty or been convicted of a felony? (*Please note that a "YES" answer will not automatically bar you from consideration for employment. However, we will conduct a criminal records check on all final candidates.*)

YES NO If YES, please explain:

May we contact your present employer? YES NO

The employers listed above are equal employment opportunity employers. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION:

	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL NAME	_____	_____	_____
YEARS COMPLETED	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Course of study/
Degree received _____

If not a high school graduate, do you have a GED certificate? YES NO

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, or other activities related to the job you are seeking:

List any professional licenses/certifications you have acquired, the date obtained, expiration date and identification number.

Military Experience: List the service branch, service dates, job title, highest rank achieved and type of discharge/separation.

REFERENCES:

List 3 non-relative individuals not otherwise listed who are familiar with your qualifications and actual work history and ability.

Name Occupation/Relationship Years Known Phone Number City

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

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last 4 jobs in order. **DO NOT LEAVE OUT ANY JOB.**

Attach additional sheets if needed. Be sure you list enough experience to qualify for the position for which you are applying.

Employer: _____ Supervisors Name: _____

Address/Location: _____ Phone Number: _____

Your Job Position: _____ Dates Employed: _____
From (mo/yr) to (mo/yr)

Full Time Part-Time

Duties: _____

Reason for leaving: _____

Employer: _____ Supervisors Name: _____
Address/Location: _____ Phone Number: _____
Your Job Position: _____ Dates Employed: _____
From (mo/yr) to (mo/yr)
 Full Time Part-Time

Duties: _____

Reason for leaving: _____



Employer: _____ Supervisors Name: _____
Address/Location: _____ Phone Number: _____
Your Job Position: _____ Dates Employed: _____
From (mo/yr) to (mo/yr)
 Full Time Part-Time

Duties: _____

Reason for leaving: _____



Employer: _____ Supervisors Name: _____
Address/Location: _____ Phone Number: _____
Your Job Position: _____ Dates Employed: _____
From (mo/yr) to (mo/yr)
 Full Time Part-Time

Duties: _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements I have made on this application and resume or other materials submitted with this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize, without reservation, any of the persons or organizations named in this application, any law enforcement agency, administrator, state agency, institution, insurance company or agent for this organization, information service bureau or employer contacted by ADP (Avert, Inc.) or IS Living, Inc, to give you complete information and records regarding my employment, education, character, motor vehicle operation history and qualifications. I understand that in the event information is obtained on my credit worthiness and this information is used as a basis for denying me employment, I will be provided with a copy of the report and a description of my rights. YES NO

I understand that a criminal records check WILL be conducted on me. YES NO

I further acknowledge that a telephonic facsimile (FAX) or photographic copy of documents shall be as valid as the original. This release includes all state and federal agencies. YES NO

I will be responsible for familiarizing myself with all rules and regulations of this organization as they presently exist or are later modified. I recognize that my employment can be terminated for any reason this organization considers sufficient, or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the Director. YES NO

I also understand that no representative of this organization has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Director. YES NO

If this organization does not decide to hire me, I agree to have my application for employment shared with the other organizations listed on the front of this application for the purposes of gaining employment. (Answering no to this question does not bar me from further consideration for employment by this organization.) YES NO

If for some reason you are not hired by this organization, would you agree to have your application forwarded to the other organizations listed on the front of this application form? YES NO

Incomplete applications will not be considered.

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

Please do one of the following: 1) complete this application and email to: employment@isliving.org;
2) complete this application and mail or hand deliver to: **IS Living, 1880 Fisher Road NE, Salem, OR 97305**

Official Use Only:

Date Received: _____ Date due to be Archived/Destroyed: _____



APPLICATION FOR EMPLOYEMENT ADDEDUM #1

PLEASE READ CAREFULLY

- If you have a conviction for delivery (selling) of drugs or manufacture (making of drugs **in the past 10 years**), you cannot hold this position under Oregon Law. If you apply for this position, **you will be denied.**
- If you have ever been convicted of any of the listed crimes, or convicted of an attempt, conspiracy, or solicitation for any of the listed crimes, you cannot hold this position under Oregon Law. If you apply for this position, **you will be denied.**
- **Instructions:** Read the following list of offenses. **If any apply to you, you do not need to proceed further with your application. We cannot hire you.** If none of the offenses apply to you, read the statement at the end of this Addendum, sign and date the statement if you agree with the statement. Return this addendum with your application. If this Addendum is not returned with your application, you application will be considered incomplete and you will not be considered for employment.

ORS 163.245	Custodial interference TI
ORS 163.257	Custodial interference I
ORS 163.263	Subjecting another person to involuntary servitude in the second
ORS 163.264	Subjecting another person to involuntary servitude in the first
ORS 163.266	Trafficking in persons
ORS 163.275	Coercion
ORS 163.355	Rape ID
ORS 163.365	Rape II
ORS 163.375	Rape I
ORS 163.385	Sodomy III
ORS 163.395	Sodomy II
ORS 163.405	Sodomy I
ORS 163.408	Unlawful Sexual penetration II
ORS 163.445	Sexual Misconduct
ORS 163.452	Custodial Sexual Misconduct I
ORS 163.454	Custodial Sexual Misconduct II
ORS 163.465	Public Indecency
ORS 163.467	Private Indecency

ORS 163.476	Unlawfully being in a location where children regularly
ORS 163.479	Unlawful contact with a child
ORS 163.515	Bigamy
ORS 163.525	Incest
ORS 163.535	Abandonment of a child
ORS 163.537	Buying or selling a person under 18 years of age
ORS 163.545	Child Neglect II
ORS 163.547	Child Neglect I
ORS 163.555	Criminal Nonsupport
ORS 163.575	Endangering the welfare of a child
ORS 163.670	Using child in display of sexually explicit conduct
ORS 163.680	Paying for viewing a child's sexually explicit conduct
ORS 163.684	Encouraging child sexual abuse I
ORS 163.686	Encouraging child sexual abuse II
ORS 163.687	Encouraging child sexual abuse III
ORS 163.688	Possession of materials depicting sexually explicit conduct of a
ORS 163.689	Possession of materials depicting sexually explicit conduct of a
ORS 163.693	Failure to report child pornography
ORS 163.700	Invasion of personal privacy
ORS 163.732	Stalking
ORS 163.750	Violating court's stalking protective order
ORS164.055	Theft I
ORS164.057	Aggravated Theft I
ORS164.075	Theft by Extortion
ORS164.085	Theft by Deception
ORS164.098	Organized Retail Theft
ORS164.125	Theft of services
ORS164.135	Unauthorized Use of a Vehicle
ORS 164.170	Laundering monetary instrument
ORS 164.215	Burglary II
ORS 164.225	Burglary I
ORS 164.315	Arson II
ORS 164.325	Arson I
ORS 164.365	Criminal Mischief I
ORS 164.377	Computer crime

ORS 164.395	Robbery III
ORS 164.405	Robbery II
ORS 164.415	Robbery I
ORS 165.013	Forgery I
ORS 165.022	Criminal possession of a forged instrument I
ORS 165.032	Criminal possession of a forgery device
ORS 165.055	Fraudulent use of a credit card
ORS 165.065	Negotiating a bad check
ORS 165.581	Cellular counterfeiting I
ORS 165.800	Identity theft
ORS 165.803	Aggravated identity theft
ORS 165.810	Unlawful possession of a personal identification device
ORS 166.005	Treason
ORS 166.070	Aggravated Harassment
ORS 166.085	Abuse of corpse II
ORS 166.087	Abuse of corpse I
ORS 166.155	Intimidation II

I understand that if I am employed, any misrepresentation or material omission made by me on this addendum will be sufficient cause for cancellation of this application and immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this addendum. I hereby release from liability the employer and its representatives for seeking, gathering, and using information and all other persons, corporations, or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This addendum does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent that I have read and understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: ____/____/____

Print Name: _____



APPLICATION FOR EMPLOYEMENT ADDEDUM #2

Instructions: Have you ever been found to have committed abuse? Please check YES or NO for each of the following descriptions. When completed, read the statement at the end of the Addendum, sign and date the statement, if you agree, and return this Addendum with your application. If this Addendum is not returned with your application, your application will be considered incomplete and you will not be considered for employment.

YES NO Physical Injury

- A. Caused physical injury to an adult or elderly person by non-accidental means.
- B. Caused physical injury to an adult or elderly person by means which appeared to be at variance with the explanation given of the injury.
- C. Willfully inflicted physical pain or injury upon an adult or elderly person.

YES NO Neglect

- A. Failed to provide the care, supervision or services necessary to maintain the physical and mental health of an elderly person or person with a developmental disability that may have resulted in physical harm or significant emotional harm to this person.
- B. Failed to make a reasonable effort to protect an elderly person or person with a developmental disability from abuse.
- C. Withheld the services necessary to maintain the health and well-being of an adult which led to the physical harm of an adult.
- D. Abandoned, including deserted or willfully forsaking an elderly person or a person with a disability, or withdrew or neglected duties and obligations owed to that person.

YES NO Verbal Abuse

- A. Threatened significant physical or emotional harm to an elderly person or a person with a developmental disability through the use of derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule.
- B. Threatened significant physical or emotional harm to an elderly person or person with a developmental disability through the use of harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

YES **NO**

Financial Exploitation

- A. Wrongfully took the assets, funds or property belonging to, or intended for the use of, an elderly person or a person with a developmental disability.
- B. Alarmed an elderly person, or a person with a developmental disability, by conveying a threat to wrongfully take or appropriate money or property of the person, if the person would reasonably believe that the threat conveyed would be carried out.
- C. Misappropriated, misused or transferred without authorization any money from any account held jointly or singly by an elderly person or a person with a developmental disability.
- D. Failed to use the income or assets of an elderly person or a person with a developmental disability effectively for the support and maintenance of the person.

YES **NO**

Sexual Abuse

- A. Engaged in sexual contact with an adult or elderly person who did not consent or was considered incapable of consenting to a sexual act.
- B. Sexually harassed, sexually exploited or inappropriately exposed an adult or elderly person to sexually explicit material or language.
- C. Engaged in sexual contact with an adult or elderly person served by a facility or caregiver while working as an employee of the facility or caregiver.
- D. Any sexual contact between an elderly person and a relative of the elderly person other than a spouse.
- E. Engaged in sexual contact achieved through force, trickery, threat or coercion.

YES **NO**

Other Abusive Conduct

- A. Involuntarily secluded an elderly person or a person with a developmental disability for your own convenience or the convenience of another caregiver.
- B. Involuntarily secluded an elderly person or a person with a developmental disability for purposes of discipline.
- C. Physically or chemically restrained an elderly person or a person with a developmental disability, excluding an act of restraint prescribed by a licensed physician and any treatment activities which are consistent with an approved treatment plan or in connection with a court order.
- D. Committed an act against an elderly person or a person with a developmental disability which constitutes a crime.

E. Caused the death of a person 18 years of age or older, who had a developmental disability and was receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility, by other than accidental or natural means.

F. Caused the death of a person 18 years of age or older, with a mental illness who was receiving services from a community program or facility, by other than accidental or natural means.

I understand that if I am employed, any misrepresentation or material omission made by me on this addendum will be sufficient cause for cancellation of this application and immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this addendum. I hereby release from, the liability the employer and its representatives for seeking, gathering and using information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This addendum does not constitute an agreement or contract for employment for any specified period or definitive duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent that I have read and understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: ____/____/____

Print Name: _____



AUTHORIZATION FOR DRIVING RECORD REPORT

I authorize my employer, and/or prospective employer, and Wells Fargo Insurance as your insurance agent, or any of their insurance companies, to check my driving record and/or claim history. I understand that any information that is collected on me will be used by the insurance agency or companies for business automobile insurance underwriting purposes and may affect my ability to drive for IS Living, Inc. A copy of the report will be forwarded to my employer, and/or prospective employer, and will be available for my review.

Full Name: _____
(please print)

Date of Birth: _____

License Number: _____

State of Issued: _____

Commercial Driver's License? (circle one) YES NO

Signature: _____

Date: _____