



opening doors for older adults

APPLICATION FOR EMPLOYMENT

Concepts in Community Living, Inc.

15900 SE 82nd Drive

Clackamas, Oregon 97015

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. This application is current only for sixty (60) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Concepts in Community Living, Inc. will make reasonable accommodations in the application process if needed.

Concepts in Community Living, Inc. is an Equal Opportunity Employer.

GENERAL INFORMATION

Last Name	First Name	Middle Initial

Address (Street)		

City	State	Zip

Phone Number (Home)	Phone Number (Cell)	Preferred Contact Method

POSITION AND WORK SCHEDULE

Position Sought: _____ Building name to which you are applying: _____

Referred by (agency, newspaper, person): _____

Employment Preference: Full-Time _____ Part-Time _____ On Call _____ Temp _____ Date available to start: _____

Shift Preference: Days _____ Evenings _____ Nights _____ Will you be able to work: Weekends _____ Holidays _____

Have you ever worked for this company before? If yes, when and where? _____

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? (Refer to job description). Yes _____ No _____

As per CCL policy, employees must be 18 years of age or older. **Please check if you are 18 or over** _____

EDUCATION AND SKILLS

Name of School	Address	Circle Last Year Completed	Degree or Subject
_____	_____	9 10 11 12	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____

EMPLOYMENT HISTORY

Starting with your present or most recent employer, list employers, including self-employment and summer part-time work.

Present Employer _____ Phone Number _____
 Address _____ Supervisor _____
 Position _____
 Responsibilities _____
 Reason for Leaving _____
 Dates of Employment: From _____ to _____ May we Contact this Employer? Yes _____ No _____

Former Employer _____ Phone Number _____
 Address _____ Supervisor _____
 Position _____
 Responsibilities _____
 Reason for Leaving _____
 Dates of Employment: From _____ to _____ May we Contact this Employer? Yes _____ No _____

Former Employer _____ Phone Number _____
 Address _____ Supervisor _____
 Position _____
 Responsibilities _____
 Reason for Leaving _____
 Dates of Employment: From _____ to _____ May we Contact this Employer? Yes _____ No _____

PROFESSIONAL REFERENCES (Please do not list relatives)

Name	Phone Number	Occupation	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING

Concepts in Community Living, Inc. (CCL) is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, creed, color, religion, national origin, age, sex, veteran, current or future military status, marital status, family status, mental and physical disability, pregnancy, genetic information, gender identity, sexual orientation or any other category protected by federal, state or local law. CCL shall not discriminate against any applicant or employee based upon their protected class status or perceived protected class status unless required to do so by the reasonable demands of the position (bona fide occupational qualification). Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. If you have any questions, the interviewer will be happy to help you. I understand that any job offer that may be extended to me will be contingent upon the successful completion of a state and national, if applicable, criminal background checks.

I certify that all the statements made by me on this application are true, complete, and correct to the best of my knowledge. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that neither this application nor any written personnel procedure manual or employee handbook is an expressed or implied contract of permanent employment. I further understand that my relationship with Concepts In Community Living, Inc., is "at-will" and for an unspecified term and that Concepts In Community Living, Inc., and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I hereby acknowledge that I have read and understand the above statement. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of applicant

Date

EMPLOYEE INFORMATION RELEASE

I authorize Concepts in Community Living, Inc. (CCL), to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with CCL. I hereby release and hold CCL harmless from any claim for releasing any truthful information within its knowledge and/or records.

Signature of applicant

Date

JOB APPLICANT QUESTIONNAIRE

Please Complete in your own handwriting. This questionnaire is to be completed individually, not jointly.
If additional space is needed use the backside of the page.

Name of individual completing questionnaire

Date

Position applying for

Community Name

1. Why do you want to work at Concepts In Community Living, Inc.?
2. Why are you interested in this position?
3. Describe any work related experiences that prepares you for this position.
4. What are you most looking for in your employer?
5. How would you go about resolving a disagreement with your supervisor?
6. What is your idea of providing high quality care for senior and disabled adults?