



DD & MH Provider of Oregon # 2100685
15677 Jade Glen Ave Sandy OR 97055
Fax: (503) 905-8998
www.oregonprovider.com

Application for Employment

DD & MH Provider of Oregon is an Equal Opportunity Employer. We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Full first, middle, and last name: _____

Job applying for: _____ Today's Date: _____

Are you seeking: Full-time Part-time ? When could you start work: _____

Present Street Address City State Zip Code: _____

Email & Cell Number: _____

Are you 18 year of age or older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Are you now or do you expect to be engaged in any other business or employment?

Yes No If yes, please explain: _____

Do you have a valid driver's license? Yes No

List professional, trade, business or civic activities, and or offices held: _____



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High School name & grade completed: _____

State & city: _____

College, university, vocational or technical school name, city, and state: _____

Year of Diploma or certificate acquired: _____

College, university, vocational or technical school name, city, and state: _____

Year of diploma or certificate acquired: _____

College, university, vocational or technical school name, city, and state: _____

Year of diploma or certificate acquired: _____

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Have you worked or attended school under any other name? Yes No If yes, give names:



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Are you willing to allow us to check your current or past employment? Yes No
We are required to check employment history, and will need a signed release of information to contact your current and last employers. If no, please list reason: _____

Employment History

1. Employer: _____
Address, City, State & Zip: _____
Supervisor Name: _____ Phone: _____
Fax: _____ Email: _____
Website: _____ Job title: _____
Dates Employed from: _____ To: _____ Starting pay rate: _____ End pay rate: _____
Reason for Leaving: _____

2. Employer: _____
Address, City, State & Zip: _____
Supervisor Name: _____ Phone: _____
Fax: _____ Email: _____
Website: _____ Job title: _____
Dates Employed from: _____ To: _____ Starting pay rate: _____ End pay rate: _____
Reason for Leaving: _____



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3. Employer: _____

Address, City, State & Zip: _____

Supervisor Name: _____ Phone: _____

Fax: _____ Email: _____

Website: _____ Job title: _____

Dates Employed from: _____ To: _____ Starting pay rate: _____ End pay rate: _____

Reason for Leaving: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please list employer and reason: _____

References

List 3 Professional references, (No relatives or friends) Please list current name, address, email, and phone number

1. _____

_____ (____) _____ - _____

2. _____

_____ (____) _____ - _____



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3. _____

_____ () - _____

Availability

Please provide the following information on your availability to work as a Direct Support Professional.

Type of Transportation you have, and will use for client transportation: _____

Do you have valid insurance? Yes No

Will you be telling your insurance company that you are driving clients in your vehicle? Yes No If not please list why: _____

You are required to provide current proof of insurance while you are employed with DD & MH Provider of Oregon.

Do you have any allergies that would affect your work DD & MH Provider of Oregon? No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? Yes No.

How many hours are you willing to work per week (We have a minimum requirement of 20 hours per week and a maximum of 40 hours per week. _____

Cities you are willing to work in: _____



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Times & Days of the Week You Are Available:

Sundays Yes No. Available times: _____

Monday Yes No. Available times: _____

Tuesday Yes No. Available times: _____

Wednesday Yes No. Available times: _____

Thursday Yes No. Available times: _____

Friday Yes No. Available times: _____

Saturdays Yes No. Available times: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- A. I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- B. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.
- C. I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand, and by my signature consent to these statements.

Print full name: _____

Signature: _____ Date: _____