

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Cascadia Behavioral Healthcare and its programs is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, sexual orientation, gender identify, marital or veteran status or any other legally protected status. 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 blank. PLEASE PRINT, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. Cascadia Behavioral Healthcare will make reasonable accommodation in the application process, if needed.

Cascadia Behavioral Healthcare
 2130 SW 5th, Second Floor
 Portland, OR 97201
 HR Fax #503-552-6208



Today's Date: _____

Name (Print): _____
 Last First Middle

Address: _____
 Street

 City State Zip

Phone: (____) _____

Job Number: _____ Position Name: _____

When are you available for employment: (date)? _____

Seeking:
 Hours: Full-Time Part-Time Temporary
 Shift: Graveyard Swing Day Weekend

PLEASE TELL US HOW YOU WERE REFERRED TO CASCADIA.

- | | |
|---|--|
| <input type="checkbox"/> Newspaper (specify) _____ | <input type="checkbox"/> Referred by Cascadia Employee (specify) _____ |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Cascadia Website |
| <input type="checkbox"/> Education Facility (specify) _____ | <input type="checkbox"/> Other Website (specify) _____ |
| <input type="checkbox"/> State Employment Office | <input type="checkbox"/> Other (specify) _____ |

NOTE: YOU MUST INCLUDE YOUR THREE (3) MOST RECENT EMPLOYERS.

Most Recent Employer: (All offers of employment are conditioned upon signing a Release and Waiver form allowing Cascadia to contact the current employer.)

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact? Phone: (____) _____

 Company Name City State

From _____ To _____
 Date Employed Job Title Supervisor Name

 Duties

 Salary Per (Hour / Week / Month) Reasons for Leaving

Second Most Recent Employer:

Phone: () _____

Company Name City State

From To _____
Date Employed Job Title Supervisor Name

Duties

Salary Per (Hour / Week / Month) Reasons for Leaving

Third Most Recent Employer:

Phone: () _____

Company Name City State

From To _____
Date Employed Job Title Supervisor Name

Duties

Salary Per (Hour / Week / Month) Reasons for Leaving

Previous Employment: Please list any employers prior to your most recent three (3) employers.

<u>Employer</u>	<u>Job Title</u>	<u>City/State</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Summary: If you have had any gaps in employment within the last 10 years, please explain.

Education: If the job you are applying for requires a degree, please complete the following information.

Name	Field of Study	City/State	Circle Last Year Completed			
High School	_____	_____	1	2	3	4
College	_____	_____	1	2	3	4
Post Graduate	_____	_____	1	2	3	4

Other job-related education, training or skills (exclude information which might identify you as a member of a protected class)?

Have you ever been employed by Cascadia Behavioral Healthcare or an originating agency? (i.e.; Unity, Inc.; Mt. Hood Community Mental Health; Network Behavioral; Mental Health Partners; or ASAP)

No Yes – if so then: From: ____/____ To: ____/____
Title/Supervisor: _____

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than minor traffic violations? Cascadia will conduct a thorough background check after a conditional offer has been made.

No Yes – give details: _____

(A criminal record is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered. Do not list any arrest, charge or detention that did not result in conviction or any arrest, charge, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.)

If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States? (Federal Law requires proof of identity and employment authorization for all new employees)

No Yes

Do you have a valid driver's license? Answer only if driving is an essential function of the job.

No Yes – Driver's License Number: _____ State Issued: _____

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any traffic violations in the past three years? Answer only if driving is an essential function of the job.

No Yes – give details: _____

Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives/friends (such as roommates) who currently work for us?

No Yes – give details: _____

Verification and Signature:

- I. I authorize the investigation of all matters which Cascadia Behavioral Healthcare deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information, and I agree to sign an Authorization and Consent form allowing an outside agency selected by Cascadia to research and verify all of the information I have provided as well as any other information Cascadia deems relevant to my qualifications or suitability for employment. I also release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying information, and I release you from all liability which might result from making the investigation.

2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. **IMPORTANT:** This means that an employee will be required to submit to testing in several different circumstances. Ask to see copies of our employee alcohol and drug policy if you have any questions. I agree to such examinations, inquiries and/or testing at Cascadia's expense. I authorize release of the results to Cascadia and their use to evaluate my suitability for employment. I also release Cascadia from all liability arising out of or connected with any examinations, inquiries and/or test.
4. I understand that my employment with Cascadia is contingent upon a Criminal History Check through the Department of Human Services (DHS) and/or any other criminal history checks required by contracts under which I am assigned.
5. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that Chief Executive Officer is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, Cascadia may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
6. This application will only be considered active for thirty days. I understand that if I have not been contacted by Cascadia within the thirty days and that if I still want to be considered for employment, I will need to reapply and complete a new employment application.
7. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

- Yes
- No

Unsigned or incomplete applications will not be processed.

Signature

Date



RELEASE & WAIVER

(*Please List a Minimum of 3 Professional References*)

Name: _____

Reference Name	Direct Supervisor (check) or Other (list)	Position	Employer	Phone	<input checked="" type="checkbox"/>
*	Direct Sup.: <input type="checkbox"/> Y <input type="checkbox"/> N Other:				<input type="checkbox"/>
*	Direct Sup.: <input type="checkbox"/> Y <input type="checkbox"/> N Other:				<input type="checkbox"/>
*	Direct Sup.: <input type="checkbox"/> Y <input type="checkbox"/> N Other:				<input type="checkbox"/>
	Direct Sup.: <input type="checkbox"/> Y <input type="checkbox"/> N Other:				<input type="checkbox"/>
	Direct Sup.: <input type="checkbox"/> Y <input type="checkbox"/> N Other:				<input type="checkbox"/>

To the References Listed Above: I request and authorize you to disclose to Cascadia any documents or information concerning my background in connection with an application for employment. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment which may be provided.

I request and authorize Cascadia to contact the above listed persons or agencies for the purpose of verifying background information in connection with my application for employment. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment which may be provided.

Signed _____

Date _____

References Contacted

Program Director Signature _____ **Date:** _____