



# NORTHWEST SENIOR & DISABILITY SERVICES

## Employment Application

\*Please note, a separate application for each position is required.

Human Resources  
 Phone: 503-304-3408 / Fax: 503-304-3434  
 3410 Cherry Ave NE, Suite 230  
 P.O. Box 12189 Salem, OR 97309-2117

**PLEASE PRINT IN INK OR TYPE**

<b>Position for which you apply:</b>
<b>Recruitment Number:</b>

<b>Name &amp; Address</b>	<i>Last</i>	<i>First</i>	<i>Middle</i>	
	<i>Mailing</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Other Last Names Used</b>				
<b>Telephone Numbers</b>	<i>Residence</i>	<i>Business</i>	<i>Message</i>	
<b>Email Address</b>				

<b>AVAILABILITY</b>	<i>Full-time</i> <input type="checkbox"/>	<i>Part-time</i> <input type="checkbox"/>
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<b>LOCATION:</b> Check any geographic location(s) at which you are willing to accept employment:			
Gearhart <input type="checkbox"/>	Tillamook <input type="checkbox"/>	North Salem <input type="checkbox"/>	South Salem <input type="checkbox"/>
Dallas <input type="checkbox"/>	McMinnville <input type="checkbox"/>	Woodburn <input type="checkbox"/>	

<b>LANGUAGES (other than English) - Name and check your level of competence below:</b>				
Language	Speak	Read	Write	Understand
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SPACE BELOW FOR OFFICE USE ONLY</b>			
<b>Not Accepted</b> <input type="checkbox"/>	<b>Accepted</b> <input type="checkbox"/>	<b>Date Postmarked</b>	
<b>Reason why not accepted:</b>		<b>Date Received</b>	
Education <input type="checkbox"/>	Experience <input type="checkbox"/>	License <input type="checkbox"/>	<b>Reviewed by</b>
Recruitment Closed on:		<b>Date</b>	
Application Incomplete <input type="checkbox"/>			Other <input type="checkbox"/>

**APPLICATION FORM MUST BE COMPLETED & SIGNED.**

**A RESUME MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED  
AS A SUBSTITUTE FOR THIS APPLICATION.**

**EDUCATION & FORMAL TRAINING**

Do you have a high school diploma or GED certificate? Yes  No

**List enough education to meet the requirements specified in the recruiting announcement  
Colleges, Nursing, Military, Trades, Business or Other Schools Attended**

Name:	Location:
Major Course of Study:	
Number of years attended:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Diploma Earned:

Name:	Location:
Major Course of Study:	
Number of years attended:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Diploma Earned:

Name:	Location:
Major Course of Study:	
Number of years attended:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Diploma Earned:

**LICENSES** – List any licenses pertinent to the position for which you are applying.

Title of License	ID #	Issuer	Expiration Date

**SKILLS** – List any specific skills, training, courses, certificates, or qualifications pertinent to the position for which you are applying.


**WORK EXPERIENCE:** List your current or last employer first, then describe enough additional work experience to meet the requirements shown in the recruiting announcement. Include unpaid and volunteer work. Resumes will not substitute for completing the “Work Experience” section. If you need more space to describe duties, you may attach additional sheets. Applications marked “see resume” or “see attachment” will be not be accepted.

<b>EMPLOYER</b>	# of People Supervised:
Address:	From: To:
Supervisor’s Name:	Phone:
Your Job Title:	Last Salary:
Reason for leaving or considering a change:	
Duties:	

<b>EMPLOYER</b>	# of People Supervised:
Address:	From: To:
Supervisor’s Name:	Phone:
Your Job Title:	Last Salary:
Reason for leaving or considering a change:	
Duties:	

<b>EMPLOYER</b>	# of People Supervised:
Address:	From: To:
Supervisor’s Name:	Phone:
Your Job Title:	Last Salary:
Reason for leaving or considering a change:	
Duties:	

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I understand that, to be considered, this application must be completed and signed. By my signature below, I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete to the best of my knowledge.

I understand that, should an investigation disclose any untruth or misleading answers, my application will not be accepted, my name removed from consideration, or my employment terminated, regardless of when discovered.

I understand that if I am selected as a finalist for this position, I will be required to successfully complete a criminal records check.

I understand that newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work. Employees hired into represented positions must, after a period of time specified in the application labor agreement, either (1) become and remain a member of the union, or (2) pay a fair share of the union costs of negotiation and administration of the contract as provided by NWSDS labor agreements.

I authorize investigation of all statements contained in this application for employment and release any employer, person, firm or corporation identified from any and all liability by reason of furnishing the requested information.

**Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL APPLICATION TO:**  
**NorthWest Senior & Disability Services**  
**Attn: Human Resources**  
**P.O. Box 12189, Salem, OR 97309-2117**

If you have any questions, please call Human Resources at 503-304-3408

**Due to the volume of applications received, only candidates selected for an interview will be contacted.**

NWSDS is an Equal Opportunity Employer and does not discriminate on the basis of Race, Color, Religion, Sexual Orientation, National Origin, Age, Marital Status or Disability.

#### **MISSION**

The mission of NorthWest Senior & Disability Services is to assist older persons and people with disabilities in making and implementing choices that maximize their independence and quality of life.

**Customer Service \* Professionalism \* Positive Attitudes**

## ADDITIONAL REQUIRED INFORMATION

Name: \_\_\_\_\_

Position for which you apply: \_\_\_\_\_

Recruitment Number: \_\_\_\_\_

Have you been previously employed by NWSDS or MWVSSA? Yes  No

If yes, please give dates: \_\_\_\_\_

Can you do the essential functions listed in the job description for which you apply with or without accommodations? Yes  No

If no, please explain: \_\_\_\_\_

Are you related to any employee of NWSDS? Yes  No

If yes, please state name(s) and relationship: \_\_\_\_\_

Are you 18 years of age or older? Yes  No

You must be at least 18 years of age in order to be employed by NWSDS.

If the position for which you are applying requires a valid driver's license, do you have one or the ability to obtain one?

Yes  State \_\_\_\_\_ ODL# \_\_\_\_\_ No

I understand NWSDS will check my driving history if the position for which I am applying requires driving.

Are you legally authorized to accept employment in the United States? Yes  No

I understand that if hired, I must prove that I am legally authorized to work in the United States.

Have you ever been convicted of a felony? Yes  No

If yes, Explain \_\_\_\_\_

I understand that if I am selected as a finalist for this position, I may be required to successfully complete a criminal records check.

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

# *NorthWest Senior and Disability Services*

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## *Equal Employment Opportunity (EEO) Voluntary Self-identification Data Sheet*

**(CONFIDENTIAL - FOR STATISTICAL USE ONLY)**

*Providing this information is voluntary. This form will be kept separate from your application and will be accessed only by authorized personnel.*

NAME:
GENDER: (CHECK ONE)            MALE            FEMALE
APPLICATION POSITION NUMBER:
APPLICATION POSITION TITLE:

*The following information is used for statistical and reporting purposes, in compliance with Federal and State Law. Please check the correct ethnic group/ category with which you most identify.*

### ETHNIC BACKGROUND

*Please check one of the descriptions below corresponding to the ethnic group with which you identify.*

- HISPANIC OR LATINO** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- WHITE (NOT HISPANIC OR LATINO)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO)** – A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ASIAN (NOT HISPANIC OR LATINO)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

- AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO)**  
– A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- TWO OR MORE RACES (NOT HISPANIC OR LATINO)** – All persons who identify with more than one of the above five races.

**VETERAN STATUS**

*Please check one of the following if it describes your veteran status*

- SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
- VIETNAM ERA VETERAN:** A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**RECRUITMENT SURVEY**

*Please tell us how you learned about this employment opportunity, by indicating the resource(s) you used. This information is not part of the applicant evaluation procedure and is used by Human Resources to monitor recruitment effectiveness.*

- NWSDS Web site** [www.nwsds.org](http://www.nwsds.org)
- NWSDS Employee**
- NWSDS Office (please specify):** \_\_\_\_\_
- Newspaper or Publication (please specify):** \_\_\_\_\_
- Referred by:** \_\_\_\_\_
- Other:** \_\_\_\_\_

***Thank you for participating!***

***Customer Service \* Professionalism \* Positive Attitudes***