Beyond Limitations Career School
Enrollment Application

Vocational Skills Training
www.phcnw.com/blcs

PHC NORTHWEST
Beyond Limitations℠

Please fill out this form completely. Mail or deliver to: BLCS, 5312 NE 148th Ave., Portland, OR 97230. You may attach a resume but it will not qualify as a substitute for a completed application. You may FAX your completed application to 503-256-8665, or scan and email it to apps@phcnw.com.

Last Name_____ First _____ Middle_____
(Please Print) (As it appears on your Social Security Card)

Training Program Applying for: Date _____

☐Janitorial (BM18) ☐Property Maintenance (BT13)
☐Landscaping (LS14) ☐Other _____

BLCS is committed to providing equal opportunity and fair treatment to all students, applicants, and staff members. BLCS will not limit student admission based on ethnicity, national origin, race, color, religion, disability, gender, sexual orientation, income level, or any other protected class. (ORS 659.850)

1. PERSONAL HISTORY

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone (_____)_____ Business or Message (_____) _____

Email _____

Are you at least 18 years of age? ☐ Yes ☐ No

Do you have a valid ☐ driver's license or ☐ government issued photo I.D.?

_____ Issuing Agency: _____

How did you learn about BLCS? _____

2. EDUCATION AND TRAINING

[Check the highest grade completed]

Elementary : ☐6 ☐7 ☐8 High School: ☐9 ☐10 ☐11 ☐12 College : ☐1 ☐2 ☐3 ☐4 ☐5 ☐+

Degree(s): ☐ High School or GED ☐ AA/S ☐ BA/S ☐ MA/S ☐ Doctoral

Languages Other than English: _____ ☐ Speak ☐ Read ☐ Write

3. WORK HISTORY

Please initial if you do NOT wish *your* current *employer contacted*: _____

Begin with your most recent job and list all jobs within the last ten *years. If your job history is more extensive, please include job history that is relevant and supportive to this position. (Use additional sheets if necessary)*

A. Company _____ Type of Business _____

Dates of Employment: From _____ To _____ Ending Wage $ _____

Your Job Title _____ Hours worked per week _____

Job Responsibilities in brief _____

Reason for Leaving _____

B. Company _____ Type of Business _____

Dates of Employment: From _____ To _____ Ending Wage $ _____

Your Job Title _____ Hours worked per week _____

Job Responsibilities in brief _____

Reason for Leaving _____

C. Company _____ Type of Business _____

Dates of Employment: From _____ To _____ Ending Wage $ _____

Your Job Title _____ Hours worked per week _____

Job Responsibilities in brief _____

Reason for Leaving _____

AVAILABILITY

Date you will be available for training: _____

Please note any hours and/or days you are unavailable for training: _____

Please describe any additional information that qualifies you for this training:

_____

_____

I agree to follow the instructions, rules and policies of Beyond Limitations Career School (BLCS). I understand that I am voluntarily participating in a vocational training program offered through BLCS. I understand that while enrolled in BLCS, I am not considered an employee of Portland Habilitation Center Northwest (PHCNW). I further understand that if I wish to be considered for employment with PHCNW, I will need to complete and turn in a separate PHCNW employment application. I understand that my training can be terminated at any time with or without cause, with or without notice, at the option of BLCS or myself.

Signature _____ *Date* _____

For applicants completing this form electronically, a typed name will be a sufficient signature.

Fair Credit Form:
Disclosure & Authorization to Obtain Consumer Reports for Employment Purposes

Due to our contract requirements, BLCS requires all trainees to undergo a criminal background investigation.

AUTHORIZATION TO OBTAIN PERSONAL BACKGROUND INFORMATION

By signing below you hereby voluntarily authorize Beyond Limitations Career School to obtain "consumer reports" and/or "investigative consumer reports" about you from various police reporting agencies and to consider the reports when making decisions regarding your application for training or your continued enrollment with BLCS. Your signature below authorizes Beyond Limitations Career School to procure and investigate, or cause an investigation to be procured, for enrollment purposes. Your signature authorizes without reservation, any person or entity contacted by BLCS, or anyone acting on its behalf, to furnish criminal history and/or employment verification information upon request.

Signature: _____Date_____

For applicants completing this form electronically, a typed name will be a sufficient signature.

The following information will be used only to perform the required criminal background check should you be considered for enrollment. It will not be shared with BLCS instructional staff. If the applicant does not pass the background check they will not be considered for any position requiring clearance.

Printed Name: _____ ***Today's Date:*** _____

Soc. Sec. #: _____ ***Male*** __ ***Female*** __ ***Date of Birth*** _____

Any other names or social security numbers you have used (if none, write NONE)

_____

Please provide your addresses for the past ten years: Include street address, city, state & zip, if possible. Attach a signed page, if necessary.

Current Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Prev. Address: _____ ***How long?*** _____

Affirmative Action/Equal Opportunity

Invitation to Self-Identify

Voluntary Information for Government Statistics

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment. This information will be kept in a separate, confidential file and will be used only for government reporting purposes.

Pre-Employment Information

Gender: ◯ Male ◯ Female ◯ Do not wish to disclose

Race/Ethnic Group: (check only one)

- ◯ **American Indian or Alaskan Native:** a person (not Hispanic or Latino) with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community attachment.
- ◯ **Asian:** a person (not Hispanic or Latino) with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ◯ **Black or African American:** a person (not Hispanic or Latino) with origins in any of the Black racial groups of Africa.
- ◯ **Hispanic or Latino(a):** a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- ◯ **Native Hawaiian or Other Pacific Islander:** a person (not Hispanic or Latino) having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ◯ **Two or more races:** a person (not Hispanic or Latino) who identifies with more than one of the five races listed above.
- ◯ **White:** a person (not Hispanic or Latino) with origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ◯ **Do not wish to disclose.**

Pre-Offer Self-Identification Form for Protected Veterans

This company is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service 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 Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ **I identify as one or more of the classifications of protected veterans listed above**

☐ **I am not a protected veteran**

☐ **I do not wish to disclose my status**

If you are a disabled veteran it would assist us if you could tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

I understand that I am providing this information voluntarily and that it will be treated confidentially except as required by law.

_____ _____
Printed Name Date

_____
Signature
For applicants completing this form online, the signature line will be a repeat of your printed name

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ○ YES, I HAVE A DISABILITY (or previously had a disability)
- ○ NO, I DON'T HAVE A DISABILITY
- ○ I DON'T WISH TO ANSWER

_____
Your Printed Name

_____
Today's Date

_____
Signature

For applicants completing this form online, the signature line will be a repeat of your printed name

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

PHC Northwest
Beyond Limitations™

How did you hear about this Training Opportunity? (Please ☑ & describe)

- ☐ Flyer (if so what part of town or intersection?):
  _____
- ☐ Current/Former Employee:
  - o Name of employee_____
- ☐ Newspaper Ad:
  - ☐ Street Roots
  - ☐ Mid County Memo
  - ☐ Portland Tribune
  - ☐ Asian Reporter
  - ☐ Nickle Adds
  - ☐ Other:_____ _____
- ☐ Vocational Rehabilitation
- ☐ Youth Transitional Program: _____
- ☐ Job Posting Source:
  - ☐ WorkSource OR or WA
  - ☐ Craigslist
  - ☐ Indeed
  - ☐ Other:_____
- ☐ Local event:_____
- ☐ Local community organization:
  - ☐ Church :_____
  - ☐ Food Pantry: _____
  - ☐ Human Solutions
  - ☐ Goodwill Job Connection
    - ☐ Airport way
    - ☐ Gresham
    - ☐ SE 122nd & Halsey
    - ☐ Hillsboro 2 locations
    - ☐ SE 6th Ave- Main offices
    - ☐ Oregon City
    - ☐ SE 82nd Ave
- ☐ Other:_____
  _____

Applicant's Name:_____ Date:_____

Last updated by TR 3-14-2015