



Please fill this form out completely, in BLUE or BLACK ink, to the best of your ability. Mail or deliver this Job Application to: Portland Habilitation Center, Inc., 5312 NE 148<sup>th</sup> Avenue, Portland, OR 97230. You may attach a resume but it will not qualify as a substitute for a completed application.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 (Please Print) (As it appears on your Social Security Card)

Position Applying for: \_\_\_\_\_ Pos #: \_\_\_\_\_ Date: \_\_\_\_\_

**1. PERSONAL HISTORY**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business or Message (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you are hired, can you provide proof that you are authorized to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No If "No" do you have a valid work permit?  Yes  No

If employed, will you be able to get to training, and/or work, on time?  Yes  No

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

# \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Have you ever been arrested and/or convicted of a violation of the law other than minor, non-moving traffic violations? (A conviction will not necessarily bar you from the training program or employment.)

Yes  No If "Yes" please explain: \_\_\_\_\_

How did you learn about Portland Habilitation Center? \_\_\_\_\_

**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  M(other)  Doctoral

High School: List high school(s) attended and locations

\_\_\_\_\_

College: List college(s) attended and locations

Indicate Major Field(s) of Study & Degree(s) Held

\_\_\_\_\_

**AA/EEO**

As a provider of employment opportunities for persons with disabilities, Portland Habilitation Center, Inc. (PHC) is committed to providing a work place that is free from impermissible discrimination. Therefore, PHC will recruit, employ, transfer and promote personnel based on their qualifications and without distinction based on race, color, national origin, ancestry, sex, pregnancy, sexual orientation, gender identity, religion, age, physical handicap, disability, medical condition, marital status, veterans status, political affiliation, or because of a persons association with members of a protected group or association with organizations established for the preservation of rights protected under the law, or because of membership in any other classification protected by law or regulation.

**3. WORK HISTORY**

Begin with your most recent job and list all jobs within the last **ten** years (Use additional sheets if necessary)

**A. Company** \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
 Your Job \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
 Your Job Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**B. Company** \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
 Your Job \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
 Your Job Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**C. Company** \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
 Your Job \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
 Your Job Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**D. Company** \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
 Your Job \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
 Your Job Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**The statements and information herein, and all additional information I have provided, have been prepared by me and are, to the best of my knowledge, true and complete. I understand that giving false information, making material misrepresentations or omissions, may be grounds for denial of employment, denial of vocational training, or discharge from employment, whenever discovered. I authorize the employers and supervisors and their agents listed in this application to give a representative of Portland Habilitation Center, Inc. (PHC) all information regarding me and my previous employment. I release PHC and its agents and all previous employers and supervisors from liability for any damages that may result from furnishing such information to PHC.**



\_\_\_\_\_

Date

**PHC does check references. Please initial if you do not wish your **current** employer contacted:** \_\_\_\_\_



**APP - 101**

**Supplemental Application**  
*Employment and/or Vocational Skills Training*

**1. PERSONAL REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

**2. MILITARY SERVICE RECORD**

Branch \_\_\_\_\_ Date Discharged \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Nature of Duties \_\_\_\_\_

Service Schools (course titles) \_\_\_\_\_

**3. AVAILABILITY**

Date you will be available for training and/or employment: \_\_\_\_\_

Please note any hours and/or days you are unable to work: \_\_\_\_\_

Please describe your abilities to perform the work or training for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**If I am trained and/or employed, I agree to follow the instructions, rules and policies of PHC. I understand that Portland Habilitation Center, in accordance with applicable laws, holds a Department of Labor 14(c) Certificate, authorizing special minimum wage rates. Furthermore, PHC is an at-will employer; and my training and related compensation can be terminated at any time, with or without cause, with or without notice, at the option of PHC or myself. I understand that no representative of Portland Habilitation Center has any authority to enter into any agreement for any employment for any specific period of time, or to make any agreement contrary to the foregoing.**

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

**FAIR CREDIT REPORTING ACT DISCLOSURE**

**Portland Habilitation Center, Inc.**, when considering your application for employment, deciding whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" and an "investigative consumer report" from a "consumer reporting agency." The terms which apply to you are defined in the Fair Credit Reporting Act (FCRA). As either an applicant for employment or an employee of PHC, you are a "consumer" with rights under the FCRA.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment. An "investigative consumer report" is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

**I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THIS "FAIR CREDIT REPORTING ACT DISCLOSURE."**

*Signature*

Date

**AUTHORIZATION TO OBTAIN PERSONAL BACKGROUND INFORMATION**

By signing below you hereby voluntarily authorize Portland Habilitation Center to obtain "consumer reports" and/or "investigative consumer reports" about me from a consumer reporting agency and various police reporting agencies and to consider the reports when making decisions regarding my application for employment or my continued employment with PHC. Prior to signing this Authorization I received and read the Statement entitled "Fair Credit Reporting Act Disclosure" which defined the terms "consumer," "consumer report" and "investigative consumer report." I understand the information disclosed to me, had an opportunity to ask questions about the information and had my questions, if any, answered.

I hereby authorize Portland Habilitation Center to procure and investigate, or cause an investigation to be procured, for employment purposes, whether or not subject to the Fair Credit Reporting Act. I authorize, without reservation, any person or entity contacted by PHC, or anyone acting on its behalf, to furnish criminal history and/or employment verification information upon request.

*Signature*

Date

**Applicant:** Please complete the following for proper identification purposes. ***Print Legibly.***

**As it appears on your Social Security Card**

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Maiden

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other Names or Social Security Numbers You have used (if None, write "None.")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



This information is requested to comply with State and Federal statistical purposes only. Submission of this information is voluntary and no adverse treatment will result should you choose not to provide it. This information will be kept confidential except as allowed under applicable law.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Position Applying for: \_\_\_\_\_ Pos #: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  MALE  FEMALE

**Ethnic Background** (check only one)

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any 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.

**Black or African American:** A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Hispanic or Latino (White race only):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

**Hispanic or Latino (All other races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabled:**  YES  
 (Checking the "yes" box does not modify PHC's obligation to provide reasonable accommodation under state and federal disability laws but does assist in supplying required reporting statistics to government agencies.)

Are you a **US Military Veteran**?: (Check all that Apply)

**Vietnam Era Veteran?** (1961-1975)

**Other Protected Veteran?** (Qualifying Campaign Ribbon other than Vietnam)

**Special disabled Veteran?** - 30% or more **disability**.  
 - **Less than 30% disability and** classified as having a serious employment handicap under section 38 U.S.C. 3106.  
 - Discharged or released due to a service connected disability.

**Newly separated Veteran?** Released from active duty or discharged within the last twelve months.

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

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

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