

Education History

High School

Years Attended

Did you graduate?

Subjects Studied

College

Years Attended

Did you graduate?

Subjects Studied

Employment History

From:	<input type="text"/>	Company Name	<input type="text"/>	Address & Phone	<input type="text"/>	Salary	<input type="text"/>	Position	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	Company Name	<input type="text"/>	Address & Phone	<input type="text"/>	Salary	<input type="text"/>	Position	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	Company Name	<input type="text"/>	Address & Phone	<input type="text"/>	Salary	<input type="text"/>	Position	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	Company Name	<input type="text"/>	Address & Phone	<input type="text"/>	Salary	<input type="text"/>	Position	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Skills/License's

Do you have a current Oregon CNA License? Yes No

If so, when does it expire? Expiration Date:

What is the License Number?

Other Skill or License?

Personal References

Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

By clicking to the "I AGREE" button below you are in effect signing this document and agreeing to the above Authorization.

*YES, I AGREE TO THE AUTHORIZATION

*Date

*Signed By:

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. 51681b(b)(2)(B)**

I authorize Always at HomeCare, Inc. to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

Date:

Name of Authorizing Consumer:

Social Security Number:

Date of Birth

Driver's License (optional)

By clicking to the "I AGREE" button below you are in effect signing this document and agreeing to the above Authorization.

*YES, I AGREE TO THE AUTHORIZATION TO OBTAIN CONSUMER REPORT

Date

Signed By: _____

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B).

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report of employment purposes.

For Office Use Only

Applicant Interviewed by: _____ On _____ / _____ / _____

Remarks: