



Street Address:
1790 W. 11th, Suite 290
Mailing Address:
P O Box 23338,
Eugene, OR 97402
(541) 686-1262
www.sheltercare.org

Application for Employment

Today's Date: _____

Position(s): _____

Your name: _____
Please Print

Your Address: _____
Street Address

City/ State/ Zip e-mail address

Daytime phone _____

Cell Phone _____ Date available: _____

We provide a caring environment where people find hope and rebuild their lives. We serve families who are homeless or at risk of homelessness and adults disabled by mental illness or brain injury.

The agency's programs provide a broad array of assistance to residents while providing each with an opportunity to live the fullest possible life within an environment that fosters well being and success.

ShelterCare adheres to the Equal Employment Opportunity Commission's regulations against discrimination and harassment in the workplace and Affirmative Action policies that focus on non-discrimination in hiring, provision of services and board selection. ShelterCare is an At-Will employer.

Please Note: Fill out this application completely. You may attach a copy of your resume to this application if you wish. Be sure to complete all sections of the application. This application will be considered current for 90 days.

WORK EXPERIENCE

List related work history, starting with the most recent job
 Additional work experience information can submitted on a separate sheet of paper

| | | |
|--------------------------------|---|---------|
| Company Name: | Position held: | Duties: |
| Company mailing Address | From To # Hours/week: _____ | |
| Supervisor's name: phone #: | Give exact reason for leaving | |

| | | |
|--------------------------------|---|---------|
| Company Name: | Position held: | Duties: |
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| | | |
|--------------------------------|---|---------|
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| Supervisor's name: phone #: | Give exact reason for leaving | |

QMHA/P CERTIFICATION

Have you ever been certified as a Qualified Mental Health Associate (QMHA) or Professional (QMHP) or equivalent? No Yes Date Certified: _____ State: _____ County: _____

Comments: _____

EDUCATION AND TRAINING

Do you have a High School degree or equivalent? No Yes

Name of High School: _____

LIST SCHOOLS / TRAINING BEYOND HIGH SCHOOL

| Name of School Address (City, State, Country) | Degree Information | Major / Area of Study |
|--|-------------------------------------|-----------------------|
| | Type: Year(s): | |
| | Type: Year(s): | |
| | Type: Year(s): | |
| | Type: Year(s): | |

ADDITIONAL RELEVANT VOLUNTEER WORK / SKILLS

List any specific skills you possess which you feel are relevant to the position for which you are applying

CHARACTER REFERENCES (List 3 references **not** related to you)

| | Name | Phone | Relationship |
|---|-------|-------|--------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

STATE REQUIRED CRIMINAL HISTORY CHECKS

In compliance with the Criminal History Check Rules (OAR 410-007-0200), all ShelterCare job offers are contingent upon a Department of Human Services (DHS) final fitness determination. All new hires will be required to complete a DHS criminal history check request form as a condition of employment. As an agency that provides services for "vulnerable populations," DHS requires that all new hire employees work under "active supervision" pending successful criminal history check approval.

- Have you been convicted of a crime or misdemeanor? Yes No
- Have you been arrested or convicted in connection with a crime involving protective services, abuse, or neglect crimes? Yes No

Please describe briefly (use more paper if necessary):

APPLICANT ACKNOWLEDGEMENT STATEMENT

By signing below, I acknowledge that all information that I am presenting on this application is truthful and accurate. I understand that consideration for employment is contingent on the results of a reference and background check. I authorize ShelterCare to verify all statements made on this application and to contact my former employers, other listed references, or any other resources listed on this application. I further authorize all contacted persons and former employers to provide information concerning this application, my background, and suitability for employment, and I release each such person and former employers from liability for providing such information.

Your Signature

Today's Date