

APPLICATION FOR EMPLOYMENT

Northwest Senior Management Services

11122 N.E. Halsey St., Ste. B

Portland OR 97220

503-282-9926 FAX 503-282-9887

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

| | | | | | |
|------------------------|-----------------|---------------------|------|----------------|-----|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | | PHONE | |
| PRESENT ADDRESS | | APT. NO. | CITY | STATE | ZIP |
| PERMANENT ADDRESS | | APT. NO. | CITY | STATE | ZIP |
| EMAIL ADDRESS | DRIVERS LIC. #. | STATE OF ISSUE | | AUTO INSURANCE | |

DESIRED EMPLOYMENT

| | | | |
|--|--|---|-------|
| POSITION | | DATE YOU CAN START | |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHERE? | WHEN? |
| EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHERE? | WHEN? |
| WHO REFERRED YOU TO THIS COMPANY? | | <input type="checkbox"/> FRIEND <input type="checkbox"/> AD <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER | |

EDUCATION

| SCHOOL LEVEL | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------|---------------------------|----------------|-------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE/ BUSINESS | | | | |

GENERAL

| |
|------------------------------|
| SPECIAL TRAINING |
| SPECIAL SKILLS |
| WHAT LANGUAGES DO YOU SPEAK? |

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FORMER EMPLOYERS

LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

| | | | |
|----------------------------------|--------------|------------------------------|-----------------------------|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | | CITY, STATE | ZIP PHONE |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| MAY WE CONTACT YOUR SUPERVISOR? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------------|--------------|------------------------------|-----------------------------|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | | CITY, STATE | ZIP PHONE |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| MAY WE CONTACT YOUR SUPERVISOR? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------------|--------------|------------------------------|-----------------------------|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | | CITY, STATE | ZIP PHONE |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| MAY WE CONTACT YOUR SUPERVISOR? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

NOTES

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REFERENCES

PLEASE LIST BELOW THE NAMES OF THREE PERSONS YOU ARE **NOT RELATED** TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR, **TWO OF WHICH MUST BE SUPERVISORS**.

| NAME | BUSINESS | PHONE | YRS ACQUAINTED |
|------|----------|-------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

HAVE YOU OR ARE YOU CURRENTLY USING ILLEGAL DRUGS OR SUBSTANCES?

YES NO

HAVE YOU OR ARE YOU CURRENTLY USING ALCOHOL TO EXCESS?

YES NO

NORTHWEST SENIOR MANAGEMENT SERVICES RESERVES THE RIGHT TO CONDUCT A RANDOM INVESTIGATION OF ANY CAREGIVER REGARDING POSSIBLE ARRESTS OR CONVICTIONS, INCLUDING TRAFFIC CITATIONS.

AUTHORIZATION

I authorize Northwest Senior Management Services to procure a report on my driving history, a criminal background check from the Oregon State Police, and if I have lived out of state in the last 5 years a nation-wide fingerprint based background check. NSMS may also contact my references, confirm my record of employment and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them without giving me prior notice of such disclosure. In addition, I release NSMS, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

SIGNATURE

DATE

Additional Information Required for Criminal Background Check:

Date of Birth: _____

Have you lived outside Oregon during the last 5 years Yes No

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Availability:

- Yes No Short Term; Partial Shifts
- Yes No Long Term
- Yes No 8-Hour Shift Day Evening Night
- Yes No 12-Hour Shift Day Night
- Yes No 24 Hour (live-in) Shift
- Yes No Travel with Clients

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|
| Check days available | | | | | | | |
| List Hours of availability | | | | | | | |

Please indicate below any plans for trips, meetings, vacation, etc that you may require time off to participate. Please include dates or time of month (i.e. every other Tuesday).

List any geographic restrictions: _____

Ability to lift? Yes No Number of pounds _____

Have you had experience working with the following types of clients:

- Yes No Frail Elderly
- Yes No Dementia; Alzheimer's Disease
- Yes No Parkinson's Disease
- Yes No Stroke
- Yes No Cancer
- Yes No Hospice
- Yes No Head Injury
- Yes No Mental Illness
- Yes No Elderly Couples
- Yes No Post Hospital Care

Have you had experience working in the following environments:

- Yes No Assisted Living
- Yes No Nursing Home
- Yes No Foster Home
- Yes No In-Home
- Yes No Hospital

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What is your least preferred client type: _____

What certifications do you have?

- Yes No CPR
 Yes No HHA
 Yes No Med Aide
 Yes No LPN
 Yes No CNA

Are you registered with the Oregon State Board of Nursing?

Yes No

If "yes" is your license current?

Yes No

License number: _____

Personal Characteristics:

- Yes No I smoke.
 Yes No I will work with people who smoke.
 Yes No I will work with people who have animals.
 Yes No I am self-motivated and keep myself busy.
 Yes No I have my own reliable car.
 Yes No I have a valid driver's license..
 Yes No I have auto liability insurance to include coverage for business use.
 Yes No I have been cited for a traffic offense in the last three years.
 Yes No If "Yes", please explain circumstances and results (use additional space, if required).
