



16700 SW Hwy 99W, OR 97101 • PO Box 28, McMinnville, OR 97128
HR Office (503) 687-2524 • HR Fax (503) 687-2513
hr@madvancements.org • mvadvancements.org

If you have a disability and need an alternate format in order to complete the application process, please call the Human Resources Department at (503) 687-2524.

Application Submission Date: _____ **Date available to begin work:** _____

Position(s) applied for: _____

Applicant's First Name: _____ **Middle Name:** _____ **Last Name:** _____

Home Phone #: _____ Cell #: _____

Personal email address: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address if Different from Home Address: _____

City _____ State _____ Zip Code _____

I found out about this position from: _____

We cannot hire you, as per the OARs that govern this agency, unless you are at least 18 years of age. Are you at least 18 years of age as of the submission date on this application? Yes No

Please read the job description for desired position(s) before answering (see our website: mvadvancements.org):

If the listed position includes driving responsibilities, we may not hire you unless you have a valid driver's license. Do you have a valid driver's license? Yes No N/A

If the listed position includes driving responsibilities, we may not hire you unless you have had a driver's license (not permit) for at least 2 years. Have you been a licensed driver for at least 2 years? Yes No N/A

Please tell us about your availability for work (not the days/shifts given in a job description). Check each box that applies:

Sun. Mon. Tue. Wed. Thu. Fri. Sat.

Days Swing Nocturnal FT PT On call

Have you ever been employed by any division of MV Advancements, formerly known as Mid-Valley Rehabilitation, Inc., ? Yes No

If yes, please give the dates of employment: _____

MV Advancements wishes to avoid placing a new employee in a position that could create a supervisory/subordinate role between the new employee and a near relative. If you have any relatives that work for MV Advancements, please tell us their name(s): _____

**You may see a copy of the required postings for
The Oregon Family Medical Leave Act and Family Medical Leave Act at:
MV Advancements, 319 NE 5th Street, McMinnville, OR 97128
www.oregon.gov/BOLI/TA/docs/OFLA-Poster-2012.pdf
www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf**

EDUCATION:

If required for the position for which you are applying,
please complete below. Please do not include High School or GED information.

Name of school (not high school):	City:	State:
Subjects studied (not GED):		
Degree earned (College level only):		

EXPERIENCE:

WHAT SKILLS AND QUALIFICATIONS DO YOU POSSESS RELATED TO THE JOB YOU ARE SEEKING?
PLEASE INCLUDE VOLUNTEER WORK OR OTHER LIFE EXPERIENCES THAT MAY QUALIFY YOU FOR THIS POSITION:

NOTE: MV Advancements is required to comply with OAR 411-323-0050 regarding Agency Management and Personnel Practices. These direct that our application for employment inquire whether an applicant has had any founded reports of child abuse or substantiated abuse.

Please indicate if you've ever had any **founded reports of child abuse or substantiated abuse.**

Yes No

EXPERIENCE WITH OFFICE EQUIPMENT IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING:

Photocopier/printer Fax Machine Computer Keyboard/Mouse Multi-line Telephone
 10-key Calculator Other:

REFERENCES:

Please list a **minimum of three personal references** that you have known for at least 3 years.

These may be anyone who can confidently comment on your character and honesty.

You might consider listing people who have known you in the workplace, from your involvement in volunteer experience(s), through school, or through other extracurricular activities. Please do not list close family members.

1. Name: _____ Phone number: _____
Occupation: _____
How do you know this reference and for how long?

2. Name: _____ Phone number: _____
Occupation: _____
How do you know this reference and for how long?

3. Name: _____ Phone number: _____
Occupation: _____
How do you know this reference and for how long?

EMPLOYMENT HISTORY:

Please provide complete, accurate information for all employment, beginning with your *most recent* work experience. **Volunteer work may be included. Account for all lapses in employment.** Use additional sheets if necessary.

Employer (Business Name)		Telephone:	
Address:		City:	State: Zip:
Supervisor:		Supervisor's Job Title	
Your Job Title:	Dates of Employment From: / through: /		
Major Responsibilities:			
Starting Wage/Salary:	Ending Wage/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hours worked weekly:	Reason for Leaving?		
What did you most like about your work?			
What did you least like about your work?			

Comments:

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Address:		City:	State: Zip:
Supervisor:		Supervisor's Job Title	
Your Job Title:	Dates of Employment From: / through: /		
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I authorize the references I've listed on this application, as well as former supervisors and all members of management, including HR personnel, to release to MV Advancements personnel any of the following information:

1. Dates of employment;
2. Position(s) held;
3. The quality of my work;
4. My skills, ability and suitability for the position I am applying for;
5. Attendance habits (excluding workers' compensation, pregnancy, disability and protected absences);
6. My relationship with co-workers and supervisors;
7. My attitude toward work (cooperative? positive? etc);
8. Eligibility for rehire;
9. Relevant information regarding my performance, skills, ability, and suitability for employment sought.

I agree that all people I've listed on this application as references, all former supervisors and all members of management, including HR personnel, who provide such information, are indemnified and released from liability arising from such disclosures. I understand that references checked must come back with at least three excellent personal and employment related references. If all references are not able to be verified or if all do not prove my character and work ethic meet company standards, any conditional offer of employment will be rescinded.

MV Advancements is an equal opportunity employer and does not discriminate on the basis of age, race, gender, religion, national origin, genetic information, sexual orientation, physical or mental disability, marital status, or any other protected status or activity.

In the course of working employees may come in contact or become familiar with information which MV Advancements or its subsidiaries or affiliates consider confidential. By signing this application I agree to keep all such information confidential and not to discuss or divulge it to anyone other than appropriate MV Advancements personnel or their designees.

Nothing in this application should be construed as a guarantee of continued employment, but rather, employment with MV Advancements is on an at-will basis. This means that the employment relationship may be terminated by myself or MV Advancements for any reason not prohibited by law.

I understand this application does not serve as a contract for employment, continued employment, or benefits between myself and MV Advancements.

Printed Name

Signature

Date

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

Initial in the space to the right of each statement indicating you have read and understand the statement.

▶ MV Advancements, formerly known as Mid-Valley Rehabilitation, Inc., is dedicated to a policy of nondiscrimination in employment on the basis of age, race, gender, religion, national origin, genetic information, sexual orientation, physical or mental disability, marital status, or any other protected status or activity. Reasonable accommodation will be made for employees, or applicants for employment, who are qualified to perform the essential functions of the job.

▶ I understand that falsification, misrepresentation, or omission of facts on my application (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

▶ I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release MV Advancements from all liability that might result from making an investigation.

▶ I understand that my employment with MV Advancements is subject to verification of satisfactory personal and professional references. If references are not able to be reached, or if any of the information obtained while communicating with my references does not prove that my character and work ethic meet company standards, any conditional offer of employment will be rescinded.

▶ I understand that my employment with MV Advancements is subject to the satisfactory results of drug screen testing. MV Advancements is a drug free work place, including, but not limited to, marijuana. The consequence of refusal to be tested, alteration of sample or test results, or positive test results will be withdrawal of offer of employment and/or immediate termination of employment.

▶ I understand MV Advancements is required to run a criminal history background check on me and that my employment with MV Advancements is subject to DHS approval as a result of the findings.

▶ I understand MV Advancements will run a DMV driving records check on me if the intention is to place me in a position with driving responsibilities, and that my employment with MV Advancements is contingent upon my driving record demonstrating I am a safe and responsible driver.

▶ If hired, I agree to comply with all MV Advancements work-site and company-wide policies and procedures, State of Oregon and federal employment laws, and State of Oregon Department of Human Services rules and regulations, as they presently exist or are later modified.

▶ I understand that my employment with MV Advancements is "at will", meaning my employment can be terminated by myself or by MV Advancements at any time and for any reason except as prohibited by law.

▶ I understand that any kind of harassment and/or retaliation within MV Advancements will not be tolerated and may be grounds for immediate dismissal from employment.

▶ I understand, in addition to performing job functions in a manner that meets MV Advancements standards, it is the responsibility of all employees to be cooperative, respectful, and approachable in relations with co-workers, management, business associates, clients and the public in carrying out individual job duties.

▶ I understand that no representative of MV Advancements has authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed by the Executive Director.

Signature

Date



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Pre-Employment Drug Screening Consent

I, _____ (print full legal name), agree to submit to pre-employment testing to be performed by a licensed testing facility for detection of drugs in connection with my application for employment, upon request by MV Advancements. I also authorize test results to be released to the Human Resources staff of MV Advancements.

I understand that refusal to be tested, positive test results, or any attempt to affect the results or test sample will result in denial of my application for employment, withdrawal of any provisional employment offer, or immediate termination of employment.

Print full legal name _____

Signature _____ Date _____