



MACDONALD RESIDENCE

EMPLOYMENT APPLICATION



MACDONALD RESIDENCE IS IN A COEMPLOYMENT RELATIONSHIP WITH RESOURCE MANAGEMENT INC. RMI IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS WILL BE CONSIDERED EQUALLY WITHOUT REGARD TO THEIR RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, MARITAL STATUS, AGE, OR ANY OTHER BASIS PROTECTED BY LAW. NO APPLICATION WILL BE REJECTED AS A RESULT OF DISABILITY THAT, WITH REASONABLE ACCOMMODATION, DOES NOT PREVENT PERFORMANCE OF THE ESSENTIAL JOB DUTIES. EMPLOYMENT WITH RESOURCE MANAGEMENT, INC. OR ANY OF ITS CLIENT COMPANIES IS "AT-WILL." EMPLOYMENT MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT CAUSE.

DATE: _____

NAME: _____ (Middle Initial REQUIRED)

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

POSITION APPLIED FOR: _____ SALARY DESIRED: _____

FULL-TIME PART-TIME TEMPORARY

DATE AVAILABLE TO START: _____

NAME OF CLIENT COMPANY APPLIED FOR: _____

HAVE YOU EVER APPLIED AT RMI BEFORE? YES NO

HAVE YOU EVER WORKED FOR RMI BEFORE? YES NO

IF YES, STATE WHEN AND WHERE YOU APPLIED AND/OR WORKED: _____

HOW DID YOU LEARN OF OUR COMPANY AND/OR THE POSITION? _____

ARE YOU 18 OR OLDER? YES NO

ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE U.S.? YES NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A FELONY?
 YES NO
(AN AFFIRMATIVE RESPONSE DOES NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT).

IF YES, DESCRIBE CONDITIONS: _____

MILITARY SERVICE:

HAVE YOU EVER SERVED IN THE MILITARY? YES NO

BRANCH: _____ FINAL RANK: _____

EDUCATION:

NAME & LOCATION	COURSE OF STUDY
HIGH SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE / UNIVERSITY	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DIPLOMA:
TRADE SCHOOL OR GRADUATE SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DIPLOMA:

LIST ANY SCHOLASTIC HONORS, OFFICES HELD AND ACTIVITIES INVOLVED IN DURING HIGH SCHOOL OR COLLEGE (YOU MAY EXCLUDE ANY THAT WOULD DISCLOSE MEMBERSHIP IN A PROTECTED CLASS):

LIST AND DESCRIBE ANY OTHER SCHOOL OR SPECIALIZED TRAINING RELEVANT TO THE POSITION APPLIED FOR: _____

WORK HISTORY:

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB?

YES NO

IF YES, EXPLAIN: _____

IF YOU HAVE WORKED IN ANY OF YOUR PREVIOUS POSITIONS UNDER ANOTHER NAME, PLEASE GIVE THE NAME(S): _____

LIST EMPLOYERS WITH PRESENT OR LAST EMPLOYER FIRST, ACCOUNT FOR ALL PERIODS OF TIME INCLUDING ANY VOLUNTEER SERVICE OR PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE THE FIRM'S NAME AND SUPPLY BUSINESS REFERENCES.

NAME OF EMPLOYER: _____				
ADDRESS: _____				
STREET		CITY		STATE ZIP
FROM: _____	To: _____	JOB TITLE: _____		
DUTIES: _____ _____				
NAME AND TITLE OF LAST SUPERVISOR: _____				
PHONE: _____				
REASON FOR LEAVING: _____ _____				

NAME OF EMPLOYER: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM: _____ To: _____ JOB TITLE: _____

DUTIES: _____

NAME AND TITLE OF LAST SUPERVISOR: _____

PHONE: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM: _____ To: _____ JOB TITLE: _____

DUTIES: _____

NAME AND TITLE OF LAST SUPERVISOR: _____

PHONE: _____

REASON FOR LEAVING: _____

REFERENCES:

PLEASE GIVE THREE REFERENCES WHO ARE NOT RELATIVES.

NAME	PHONE	OCCUPATION
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NAME	PHONE	OCCUPATION
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NAME	PHONE	OCCUPATION
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AFFIDAVIT

I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT WITHOUT MISREPRESENTATION AND/OR MISIONS OF ANY KIND. I UNDERSTAND THAT IF EMPLOYED, ANY FALSE, MISLEADING OR INCORRECT STATEMENTS MADE ON THIS APPLICATION OR DURING ANY INTERVIEWS MAY BE GROUNDS FOR MY IMMEDIATE DISCHARGE.

I HEREBY AUTHORIZE THE COMPANY TO CONTACT ANY COMPANY OR INDIVIDUAL IT DEEMS APPROPRIATE TO INVESTIGATE MY EMPLOYMENT HISTORY, CHARACTER AND QUALIFICATIONS. I GIVE MY CONSENT TO THEIR REVEALING ANY AND ALL INFORMATION AS A RESULT OF THIS INVESTIGATION.

SIGNATURE: _____ DATE: _____

EQUAL EMPLOYMENT OPPORTUNITY REPORT DATA FORM

NOTICE: COMPLETION OF THIS FORM IS OPTIONAL

RESOURCE MANAGEMENT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. AS PART OF OUR EFFORTS TO ENSURE FAIR TREATMENT OF WOMEN, MINORITIES, INDIVIDUALS WITH DISABILITIES, AND VETERANS, WE ASK APPLICANTS AND EMPLOYEES TO SUPPLY THE FOLLOWING INFORMATION. ANY INFORMATION VOLUNTEERED WILL BE KEPT CONFIDENTIAL AND USED SOLELY FOR THE PURPOSE OF REPORTING THE INFORMATION TO FEDERAL OR STATE AGENCIES.

EMPLOYEE NAME PRINTED

____/____/____
START DATE

POSITION FOR WHICH YOU APPLIED OR WERE HIRED FOR

CLIENT COMPANY

SEX (CHECK ONE)

FEMALE

MALE

RACE (CHECK ONE)

WHITE (NOT OF HISPANIC ORIGIN)

BLACK (NOT OF HISPANIC ORIGIN)

HISPANIC OR LATINO/A

ASIAN

NATIVE AMERICAN (AMERICAN INDIAN OR ALASKA NATIVE)

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

TWO OR MORE RACES



IF YOU ARE A VETERAN, PLEASE SUPPLY THE FOLLOWING INFORMATION:

VIETNAM-ERA VETERAN

DATES OF SERVICE: _____

SPECIAL DISABLED VETERAN

DATES OF SERVICE: _____

OTHER PROTECTED VETERAN

DATES OF SERVICE: _____

SERVICE MEDAL VETERAN

DATES OF SERVICE: _____

VETERAN

DATES OF SERVICE: _____

NEWLY SEPARATED VETERAN

DATES OF SERVICE: _____

IF YOU HAVE A DISABILITY THAT REQUIRES ACCOMMODATION TO PERFORM THIS POSITION, PLEASE EXPLAIN WHAT ACCOMMODATIONS WOULD ALLOW YOU TO HANDLE THIS JOB SUCCESSFULLY:

EMPLOYEE SIGNATURE

____/____/____
DATE

OFFICE USE ONLY: 1.1 1.2 2 3 4 5 6 7 8 9 INITIALS _____

Macdonald Residence ALF

Background Check Information

Complete Name _____

Email Address _____

Social Security Number _____

Date of Birth _____

Physical Address _____

Mailing Address (if Different) _____

Prior Name and Aliases _____

Gender:

Female ___ Male ___ Not Specified ___ Other ___ Both ___

Phone Number _____

Type of Phone _____

List City and State of places outside of Oregon Lived in the past 5 years
and the dates lived there:

