



TEMPORARY HIRE EMPLOYMENT APPLICATION

1417 SE 107th Avenue, Portland, OR 97216 ♦ Ph. 503-408-404 ♦ Fax 503-946-0215

NOTICE TO ALL APPLICANTS: CherryWood Village is an Equal Opportunity Employer. We hire and promote employees without regard to race, religion, age, sex, sexual preference, color, national origin, disability, military or worker's compensation status or any other protected status under city, state or federal laws.

INSTRUCTIONS: Please complete this application in full. **You are welcome to attach a resume with the application form.** Provide all reference information, **including name, and valid contact numbers.**

Today's date _____ Position/s Interested in: _____

Name _____ Email: _____
First Last

Address _____
No. / Street Apt. # City State Zip code

Main Phone No. _____ Alternative Phone No. _____

Can you provide proof of your legal eligibility to work in the United States? ☐ YES ☐ NO

Are you at least 18 years of age? ☐ YES ☐ NO

❖ Can you perform the essential functions of the position/s you are interested in for which you are applying for with or without reasonable accommodation? ☐ YES ☐ NO

❖ Have you been found to have committed abuse? ☐ YES ☐ NO

❖ Date you are available to start _____

❖ What are days and times you are available to work? If so, please specify below:

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Hours: a.m. _____
p.m. _____

Additional information: _____

❖ Can you work weekends and holidays? ☐ YES ☐ NO

❖ Are you referred by a current employee? ☐ YES- Employee Name: _____ ☐ NO

❖ Have you ever worked for CherryWood Village, or any subsidiary of Generations, LLC before?
☐ YES ☐ NO If yes, please give which location(s), dates of employment and position(s) held:

SKILLS, CERTIFICATIONS, TRAINING & WORK HISTORY*Check all that apply to you:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed High School/GED | <input type="checkbox"/> Cooking | <input type="checkbox"/> Able to stand & walk for long periods of time |
| <input type="checkbox"/> Active First Aid Certification | <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Ability to work in a fast-paced environment |
| <input type="checkbox"/> Active CPR Certification | <input type="checkbox"/> Food Service | <input type="checkbox"/> Ability to take high-volume of work |
| <input type="checkbox"/> Valid Oregon Food Handler's Card | <input type="checkbox"/> Labor Work | <input type="checkbox"/> Ability to be trained |
| <input type="checkbox"/> Caregiver Work Experience | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Other/s: _____ |
| <input type="checkbox"/> Med Tech Work Experience | <input type="checkbox"/> Activities/ Programming | _____ |
| <input type="checkbox"/> Completed Oregon-Required Dementia Training | <input type="checkbox"/> Office/ Reception | _____ |
| <input type="checkbox"/> Dementia Care | <input type="checkbox"/> Able to work unsupervised | |
| <input type="checkbox"/> Housekeeping/Cleaning | <input type="checkbox"/> Able to speak, read, & write in English | |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Enjoy working with Seniors | |
| | <input type="checkbox"/> Team Player | |

EMPLOYMENT HISTORY (Please list most current and/or relevant employment.)

Name of employer	Job title
Location City / State	Phone (include area code)
Reason for leaving	Employment Dates: From _____ to _____
Name of employer	Job title
Location City / State	Phone (include area code)
Reason for leaving	Employment Dates: From _____ to _____
Name of employer	Job title
Location City / State	Phone (include area code)
Reason for leaving	Employment Dates: From _____ to _____

PROFESSIONAL & CHARACTER REFERENCES

Name:	Phone Number:
Relationship to reference:	Phone Email:
Name:	Phone Number:
Relationship to reference:	Phone Email:

PLEASE READ CAREFULLY, DATE AND SIGN: I authorize CherryWood Village and its representatives to contact my current and/or previous employers and the references I've provided to verify all statements on this application, all resume and other materials submitted for the purpose of consideration for employment. I understand that I will need to show proof of employment authorization. I further understand that any falsification or misrepresentation of any information submitted or omission may be cause for disqualification or immediate termination of employment if hired. I understand that any offer of employment and/or continued employment is contingent upon passing a Criminal Background Check and Reference Check. I also understand that any offer of employment is "at will" and not made for any specific period of time and that either the Company or I can terminate my employment at any time, for any reason, with or without notice.

Printed Name _____ Last 4 digits of SSN: _____

Signed _____ Date _____

NOTICE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND DATED.