





EDWARD C. ALLWORTH  
OREGON VETERANS' HOME  
LEBANON ★ THE PLACE WHERE HONOR LIVES

### Work History

<b>Job Number 1 (Current or most recent position)</b>	
Name of Employer:	Kind of Business:
Supervisor's Name:	Supervisor's Phone Number:
Address: Street/City/State/Zip	
Job Title:	Employed from (MM/YYYY) to (MM/YYYY)
Duties (List all duties you performed. No credit will be given if this section is not completed.): _____ _____ _____ _____ _____ _____ _____	
Reason for leaving this position:	
Your name while employed there (for reference)	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Job Number 2</b>	
Name of Employer:	Kind of Business:
Supervisor's Name:	Supervisor's Phone Number:
Address: Street/City/State/Zip	
Job Title:	Employed from (MM/YYYY) to (MM/YYYY)
Duties (List all duties you performed. No credit will be given if this section is not completed.): _____ _____ _____ _____ _____ _____ _____	
Reason for leaving this position:	
Your name while employed there (for reference)	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No



EDWARD C. ALLWORTH  
OREGON VETERANS' HOME  
LEBANON ★ THE PLACE WHERE HONOR LIVES

<b>Job Number 3</b>	
Name of Employer:	Kind of Business:
Supervisor's Name:	Supervisor's Phone Number:
Address: Street/City/State/Zip	
Job Title:	Employed from (MM/YYYY) to (MM/YYYY)
Duties (List all duties you performed. No credit will be given if this section is not completed.): _____ _____ _____ _____ _____ _____ _____	
Reason for leaving this position:	
Your name while employed there (for reference)	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Job Number 4</b>	
Name of Employer:	Kind of Business:
Supervisor's Name:	Supervisor's Phone Number:
Address: Street/City/State/Zip	
Job Title:	Employed from (MM/YYYY) to (MM/YYYY)
Duties (List all duties you performed. No credit will be given if this section is not completed.): _____ _____ _____ _____ _____ _____ _____	
Reason for leaving this position:	
Your name while employed there (for reference)	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No



EDWARD C. ALLWORTH  
**OREGON VETERANS' HOME**  
 LEBANON ★ THE PLACE WHERE HONOR LIVES

Have you previously been employed by Veterans Care Centers of Oregon?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when?	Under what name?		

Have you ever been found to have committed abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any permanent crimes listed on the Department of Human Services insert?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been excluded or prohibited from being paid with federal monies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*Conviction will not necessarily disqualify an applicant for employment.

**REFERENCES**

List individuals who may be able to give us additional information regarding your skills (i.e., teachers,). You may also wish to list work associates other than immediate supervisors.

Name and Occupation	Address and Phone Number
1.	
2.	
3.	

**Certification and Signature**

I understand that any verbal or written statement that is false, fraudulent or misleading contained in this application or attached materials or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment or dismissal from employment if discovered after employment; and under some circumstances may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.
- I authorize the Veterans' Care Centers of Oregon to check employment references and verify my education information provided on this employment application and as disclosed in the interview process. I also release the individuals, companies, or institutions from whom Veterans' Care Centers of Oregon may request information concerning me from all liability for any damage incurred in furnishing reference information.
- I authorize the Veterans' Care Centers of Oregon to check my driving record if the position for which I am applying requires driving or if the position I am applying for involves the administration of medication.
- I understand that if selected, that any job offer I receive is contingent upon the successful completion of the drug screening and background check.

I release the Veterans' Care Centers of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the Veterans' Care Centers of Oregon's hiring process.

<b>Signature (Must be signed in INK):</b>	<b>Date:</b>
---	--------------

How did you hear about this job opening at Oregon Veterans home – Lebanon?