

Oregon Veterans' Home

Mission Statement

The mission of the Oregon Veterans' Home is to provide a special place for Oregon Veterans who have made personal sacrifices and are now unable to care for themselves.

We believe:

- *In the inherent right of each veteran to receive the highest quality of health care available.*
- *In recognizing that these veterans have made many valuable and worthwhile contributions to society and therefore, deserve the highest degree of respect and dignity that can be provided.*
- *In maximum independence, the attainment of each veterans' full potential and in the hope that the opportunity to explore new interests will contribute to each veteran's health and happiness.*
- *The quality care in every area must be our primary goal, and that our trained, dedicated staff of professionals are actively involved in maintaining the highest standards, ethics and performance in the long-term care industry.*

Oregon Veterans' Home

Core Values

Safety • Honor • Integrity • Respect • Trust

Do you have your **SHIRT** on today?

Core Purpose: That every resident feels Unique, Important and Useful

Core Vision: To be the premier Veterans' Home in the State of Oregon



OREGON
VETERANS'
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THE DALLIN ★ THE PLACE WHERE HONOR LIVES

Welcome to the Oregon Veterans' Home. We are proud you have considered our facility as a possible place of employment.

Included with your application is Oregon Veterans' Home Mission Statements and detailed job description. The Job descriptions are written to describe the essential elements of each position at the Oregon Veterans' Home. We do this to help you determine if this is a desirable position for you before you begin the hire process. When you sign a job description, you are attesting to the fact you are able to perform the essential functions of the position.

The Oregon Veterans' Home selection process is designed to choose the best candidate for each position and includes:

- Review of training and experience
- Criminal background check
- Confirmation of license and certifications
- Employee pre-employment drug screening
- References and interviews

All Long-Term Care facilities are required by federal law to perform background checks on all applicants prior to hire. Conviction of a crime is not an automatic bar to employment, but persons convicted of certain crimes may not hold some positions.

Additionally, the selection process includes a ninety-day conditional employment period to assure the suitability of the employee for the position. Each new employee holds his or her position subject to successful completion of each step in the selection process.

We believe our residents are special and are seeking applicants who wish to care for the whole person. Our employees are highly qualified professionals who are dedicated to making the Oregon Veterans' Home an outstanding long-term care facility for both our residents and community.

If you are willing to abide by the above mentioned policies please sign below and proceed with your application for employment with the Oregon Veterans' Home.

Signature

Date



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Name (Last, First, M.I.):

Home Telephone (Include area code):

Work History Instructions

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications of the job for which you are applying. Starting with **your current or most recent job**, list all your jobs (paid or volunteer) for the last five positions.

1. **Critical:** If you held more than one position within the same company, **list the final position in the "Job Title" section and the other positions/wages in the "Duties Section"**. Provide your duties as well as beginning and ending dates and average hours worked per week for each position.
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualification for the job, your application may not be accepted. Attach additional sheets if necessary.
3. **Critical:** If duties of a previous job that would qualify you for the position, for which you are applying were not the main focus of that job, **provided the percentage of time** you spent doing the duties that qualify you for the recruitment.
4. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 1%, or 5 hours out of a 20 hour work week = 25%.

A RESUME WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.

Complete each box. If you do not provide all the information in the "Work History" section, no credit will be given for that job.

RECRUITMENT TRACKING INFORMATION PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied for: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

____ Newspaper (List Publication) _____

____ Employment Office

____ Employee Referral Friend Name: _____ Relative Name: _____

____ State Agency Recorded Job Line Name: _____

____ Social Media Friend Name: _____

____ Other: _____



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VETERANS' CARE CENTERS OF OREGON

An Equal Opportunity Employer

TYPE OR print in INK. Please complete the application by typing or printing in dark ink. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted.

Job Applied for:	Social Security Number:	
2 nd Choice:	Driver's License Number:	State of Issue:

NAME AND ADDRESS

Name (Last, First, M.I.):			Home Telephone (Include area code):		
Mailing Address:			Work Telephone (Provide only one including area code):		
City:	State:	Zip Code:	Other (Including area code):		
E-mail Address:			Pager	Cell Phone	Message

Current Employer:	Last Employer:	May we contact?		City:	State:
(Check One)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/>	<input type="checkbox"/>				

Education / Training History

List colleges, military, trade, business or other schools attended

Do you have a high school diploma or a GED certificate? Yes No

Name and Location of School, College or University	Course of Study (List Major)	Credits Earned Write Qtr/Smstr/Clock And indicate hours	Did you graduate? (Yes/No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A				
B				
C				

License / Registration / Certificate

List any required professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.:

Description (Attach Copy):	State of Issue:	Number:	Expiration Date:

Specialized skills and knowledge: List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.) Attach additional pages as needed.



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Work History

Job Number 1 (Current or most recent position)	
Name of Employer:	Employer's Address & Phone Number:
Kind of Business:	Supervisor's Name & Phone Number:
Job Title:	Supervision/Lead work: Check areas you were responsible for: <input type="checkbox"/> Assigning & Reviewing work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for any of the above
From (Month/Year)	
Total Time in Current Position	Total Hours per Week
<u>If you checked any of the boxes, list the number of employees and their job duties:</u>	
Duties (List all duties you performed. No credit will be given if this section is not completed.):	
Reason for leaving this position:	

Job Number 2	
Name of Employer:	Employer's Address & Phone Number:
Kind of Business:	Supervisor's Name & Phone Number:
Job Title:	Supervision/Lead work: Check areas you were responsible for: <input type="checkbox"/> Assigning & Reviewing work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for any of the above
From (Month/Year)	
Total Time in Current Position	Total Hours per Week
<u>If you checked any of the boxes, list the number of employees and their job duties:</u>	
Duties (List all duties you performed. No credit will be given if this section is not completed.):	
Reason for leaving this position:	



Work History Cont'd

Job Number 3			
Name of Employer:		Employer's Address & Phone Number:	
Kind of Business:		Supervisor's Name & Phone Number:	
Job Title:		<u>Supervision/Lead work: Check areas you were responsible for:</u> <input type="checkbox"/> Assigning & Reviewing work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for any of the above <u>If you checked any of the boxes, list the number of employees and their job duties:</u>	
From (Month/Year)	To (Month/Year)		
Total Time in Current Position	Total Hours per Week		
Duties (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

Job Number 4			
Name of Employer:		Employer's Address & Phone Number:	
Kind of Business:		Supervisor's Name & Phone Number:	
Job Title:		<u>Supervision/Lead work: Check areas you were responsible for:</u> <input type="checkbox"/> Assigning & Reviewing work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for any of the above <u>If you checked any of the boxes, list the number of employees and their job duties:</u>	
From (Month/Year)	To (Month/Year)		
Total Time in Current Position	Total Hours per Week		
Duties (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			



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Professional/Personal References Required

Reference 1:	
Name:	Relationship:
Years known:	Phone Number:
Notes:	
Reference 2:	
Name:	Relationship:
Years known:	Phone Number:
Notes:	
Reference 3:	
Name:	Relationship:
Years known:	Phone Number:
Notes:	

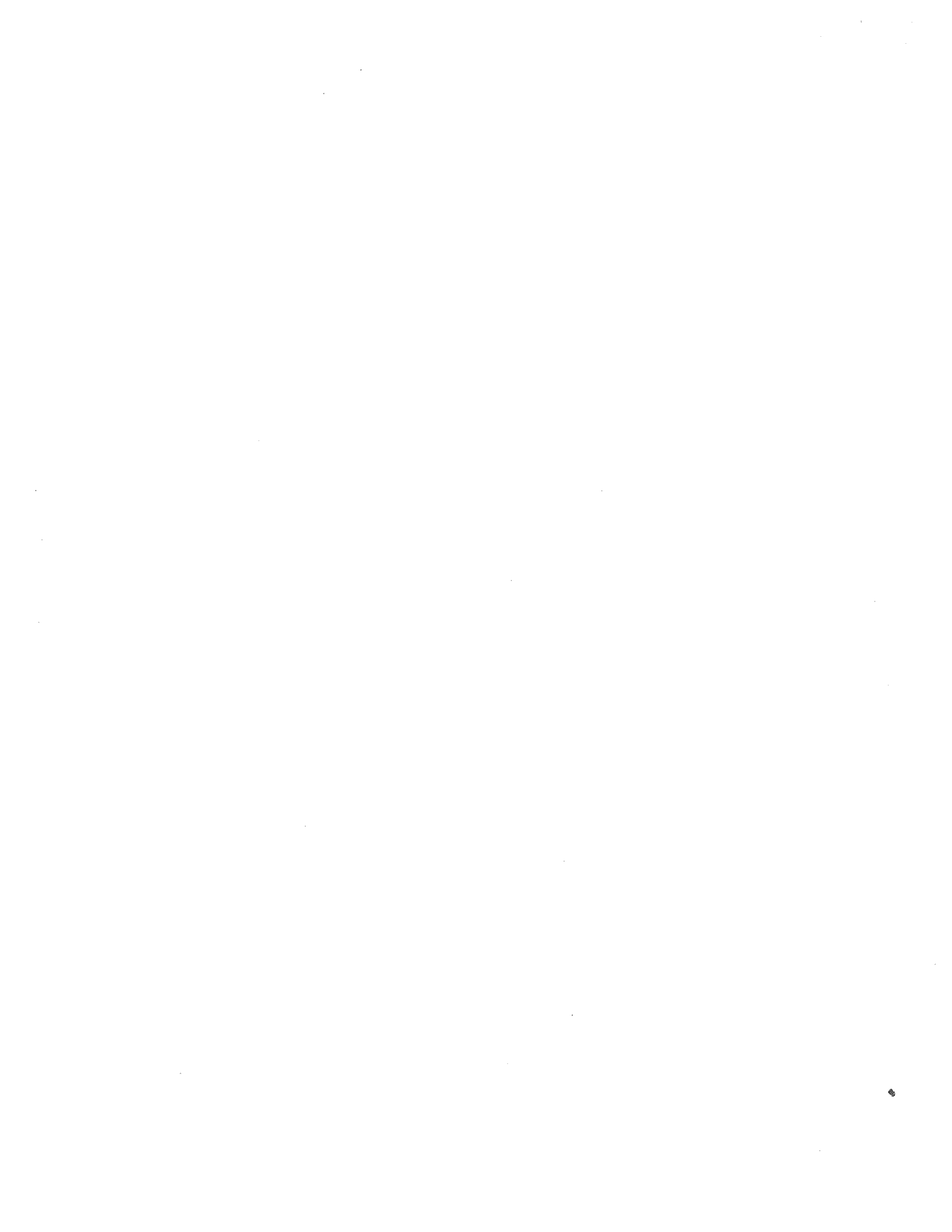
Certification and Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is 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 if hired, I must prove that I am legally authorized to work in the United States.
- 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 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.
- You may be asked to submit to a pre-employment drug test, a pre-employment screening test, and/or a credit history check as a condition of employment.
- You will be asked to authorize a criminal history background check as a condition of employment.
- 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.

Signature (Must be signed in INK):

Date:





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Employment Verification

Return to:

Oregon Veterans' Home
Attn: Payroll Department
700 Veterans Dr.
The Dalles, OR 97058

Ph: 541-296-7190 x225
Fax: 541-296-7862

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Name: _____

Please release employment verification information to the Oregon Veterans' Home.

(Signature)

(Date)

OFFICE USE ONLY

PREVIOUS EMPLOYER: _____

FAX: _____

~Please complete and return at your earliest convenience.~

Position(s) Held: _____

Dates of Employment: From _____ to _____

Rehire Eligible: Y N

Comments: _____

Verification Completed by: _____

Date: _____ Title: _____

Offered Position: Y N **Hourly Wage:** \$ _____ **File #:** _____ **TC #:** _____



DEPARTMENT MANAGER TO COMPLETE:

Applicant Name: _____

Position Applied for: _____

Position available is: FT PT

References:

#1: _____

Spoke to: _____

Position(s) Held: _____

Dates of Employment: From _____ to _____

Rehire Eligible: Y N

Comments: _____

#2: _____

Spoke to: _____

Position(s) Held: _____

Dates of Employment: From _____ to _____

Rehire Eligible: Y N

Comments: _____

Passed Insight Screen: Y N

Interview scheduled: _____
(remind applicant to bring valid photo ID)

After interview:

Proceed with employment process: Y N

- If **yes**, deliver applicant and this form to payroll or HR for additional screening.
- If **no**, deliver application to HR for filing.

Position Available Is: FT PT

HUMAN RESOURCES USE ONLY:

Background Check: Y N FP: Y N
Probation Approved: Y N _____

Passed Drug Screen: Y N Date: _____

CMS Website: OK

OSBN Verified: Y N N/A

Offered Position: Y N

Hourly Wage: \$ _____

File #: _____

TC #: _____