

# Marie Mills Center, Inc.

Vocational & Residential Services  
Serving Tillamook County Since 1969



We Build Abilities

1800 Front Street Tillamook, OR 97141

503-842-2539 fax 503-842-8028

## Application for Employment

(Equal Opportunity Employer)

Marie Mills Center, Inc. is proud to be a drug-free workplace. All employment offers will be contingent on completion of drug & alcohol testing, pre-work screen, and other background checks including work references and criminal history

PLEASE PRINT - Application must be filled out completely to be considered valid		Today's Date:
Name (Last, First, Middle):		Social Security Number:
Current Mailing Address (Street, City, State, Zip)		Telephone Number Home: Cell:
Type of Work Desired:	Date Available for Employment:	Wages Desired:
Have you ever been employed by Marie Mills Center? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, When?	What Position?
What type of employment status are you seeking? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>		
What shifts would you be available to work? Days <input type="checkbox"/> Swing <input type="checkbox"/> Weekends <input type="checkbox"/> Any Shift <input type="checkbox"/>		
Overtime work may occasionally required. Does this pose a problem for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain:		
Are you currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your current employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please give reason:
Are you at least 18 yrs of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid Oregon Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, license number:	Do you have Auto Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had any founded reports of child abuse or substantiated adult abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you reviewed a job description that describes the essential functions of the position for which you are applying? (Job descriptions may be obtained from Main Office) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you able to perform the essential functions of the job(s) for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you related to any current Marie Mills Center employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, name the employee:		

This company is an equal opportunity employer. We consider applicants for all positions without regard to age, color, national origin, religion, disability, sex, protected Veterans or other protected status in accordance with applicable state equal opportunity laws.

	Name and Location of School	Graduated? Yes or No	Major Study	Degree or Certification
High School				
College or Vocational				
Graduate Studies				
Other Formal Education				

Summarize special skills and qualifications, volunteer activities, military experience, employment, computer skills and programs, exposure to individuals with intellectual and developmental disabilities, or other activities related to the job that you are seeking:


Please write a paragraph about your greatest personal accomplishment. It could be work or non work related, 3 to 5 sentences:


Soft Skills: Organize the following 11 skills in order as what YOU consider to be your best attributes. Use each number only once, starting with #1 being your best attribute.

- Positive Attitude      Good Communicator      Time Management      Problem Solving  
 Self Confidence      Work Under Pressure      Flexible      Attention to Detail  
 Work Ethic      Team Player      Learn from Constructive Criticism

References: List 3 non-relatives who are familiar with your qualifications and actual work history or ability:

Name	Occupation / Relationship	Yrs. Known	Telephone Number

Write an accounting for all periods of unemployment longer than 1 month during the last 10 years:


**A resume may be included as a supplement to the completed application. However, a resume will not be accepted in lieu of completion of the employment history information requested below and on the next page. Start with your present or most recent employer first. List your last 4 jobs in order. DO NOT omit any.**

<b>Name of present or last employer:</b>			Address (Street, City, State, Zip):		Phone Number:
Starting Date: Mo/Yr	Leaving Date: Mo/Yr	Starting Pay	Ending Pay	Reason for Leaving:	
Last Position Held:			Supervisor's Name and Title:		
Describe your responsibilities:					
What did you like best about your job?			What did you like the least about your job?		
<b>Name of previous employer:</b>			Address (Street, City, State, Zip):		Phone Number:
Starting Date: Mo/Yr	Leaving Date: Mo/Yr	Starting Pay	Ending Pay	Reason for Leaving:	
Last Position Held:			Supervisor's Name and Title:		
Describe your responsibilities:					
What did you like best about your job?			What did you like the least about your job?		
<b>Name of previous employer:</b>			Address (Street, City, State, Zip):		Phone Number:
Starting Date: Mo/Yr	Leaving Date: Mo/Yr	Starting Pay	Ending Pay	Reason for Leaving:	
Last Position Held:			Supervisor's Name and Title:		
Describe your responsibilities:					
What did you like best about your job?			What did you like the least about your job?		
<b>Name of previous employer:</b>			Address (Street, City, State, Zip):		Phone Number:
Starting Date: Mo/Yr	Leaving Date: Mo/Yr	Starting Pay	Ending Pay	Reason for Leaving:	
Last Position Held:			Supervisor's Name and Title:		
Describe your responsibilities:					
What did you like best about your job?			What did you like the least about your job?		
<b>Name of previous employer:</b>			Address (Street, City, State, Zip):		Phone Number:
Starting Date: Mo/Yr	Leaving Date: Mo/Yr	Starting Pay	Ending Pay	Reason for Leaving:	
Last Position Held:			Supervisor's Name and Title:		
Describe your responsibilities:					
What did you like best about your job?			What did you like the least about your job?		

How did you learn of this position? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Walk-In            | <input type="checkbox"/> Employment Office |
| <input type="checkbox"/> MMCI Website  | <input type="checkbox"/> Other Social Media | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> MMCI Facebook | <input type="checkbox"/> Private Agency     | Employee's Name: _____                     |

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.**

I understand that if hired, continued employment is subject to successful completion of a 90 day introductory period Yes  No

I certify that all answers and statements I have made on this application (and accompanying resume or other supplementary materials, if any) are true and complete. I understand that any false or misleading information or omissions will disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications Yes  No

I understand that if hired, I will be responsible for familiarizing myself with all rules, regulations, and policies of Marie Mills Center as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Marie Mills Center or at my option, without notice, except as specifically set forth in writing in a current individual employment agreement signed by the Department Head Yes  No

I also understand that no representative of Marie Mills Center has any authority to enter into any employment agreement for any specific period of time, or to assure me of any future position, benefit, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by the Department Head Yes  No

I have completed (filled out) this application myself. Yes  No

If NO, name of person who completed application: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I have read, understand, and agree with the above statements. I also understand that I will not be considered for employment if this application is incomplete.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## CERTIFICATE AND SIGNATURE

I understand that any verbal or written statements, either made by me or others at my request, which may be false, fraudulent or misleading that are contained in this application, any other documents I may complete (i.e. medical information, employment information, etc.) or made at any time during the course of my employment, may result in rejection of my application, denial of employment, or dismissal if discovered after employment. Furthermore, under some circumstances, such action may result in prosecution of a crime.

- \* I certify that all statements 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 understand that I will be asked to submit to a pre-hire drug test, pre-work screen, and criminal history background check as a condition of employment.
- \* I release Marie Mills Center and all providers of information from any liability as a result of furnishing and receiving any information related to Marie Mills Center's hiring process.

I fully understand and agree to the conditions stated in this "Certification and Signature" document.

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Signature

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Date

## **Applicant Authorization for Release of Information**

I hereby authorize my past employers to release information to Marie Mills Center regarding my employment. This release of information covers my employment record in general, including information on the following:

1. Dates of Employment
2. Eligible for Rehire?
3. Good Worker?
4. Work well with others?
5. Reliable/Attendance?
6. Position(s) Held
7. Quality and Quantity of Work Performed
8. My Attendance Habits (Excluding: Worker's Compensation, Pregnancy Leave, Disability and Protected Absences)
9. My Relationship with Co-Workers and Supervisors
10. My Attitude Toward Work (ie: Cooperative?, Positive?, etc.)
11. Reason for Leaving and Eligibility for Rehire
12. Strong and Weak Points
13. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, or showed traits that would present a possible security or safety risk issue for others.
14. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization for Release of Information my application will be rejected.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date