

# TOWN CENTER VILLAGE

8607/8709 SE Causey  
Happy Valley, Oregon 97086  
(503) 654-4500 or (503) 653-1500

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

We hire and promote without regard to race, color, sex, national origin, religion, marital status, age, sexual orientation, current military status or disability.

Please inform receptionist if assistance is required to fill out or read the application. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. Please print, except for signature at the end of application.

### Personal Data

\_\_\_\_\_  
Name ( First, Middle, Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address ( Street No. or P.O.Box Number)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number(s)

Are you at least 18 years of age? Yes  No

Date available for employment\_\_\_\_\_

E-Mail Address\_\_\_\_\_

### Job Interest

Position applying for:\_\_\_\_\_ Referred by:\_\_\_\_\_

Shift Preference  Days  Evenings  Weekends  Nights  Part Time  Full Time

Expected Salary\_\_\_\_\_ Have you ever worked for our company?  Yes  No Date\_\_\_\_\_

Type of Work:\_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Telephone\_\_\_\_\_

Have you ever had abuse substantiated against you in Oregon by the Department of Human Services, or in any other state? Yes--or--No

Are you lawfully authorized to work in the U.S. ?  Yes  No

( Federal law requires proof of identity and employment authorization for all new employees)

Referred by:  Employee  Advertisement  Friend

If Employee Who?\_\_\_\_\_

## EDUCATION and TRAINING

Circle the highest level of education completed: 1, 2, 3, 4, 5, 6., 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18+

Level	Name and Location	Course of Study	Years Completed	Diploma/Degree
Post- graduate Business, Trade or Other		Major  Degree	1 2 3 4	
College		Major  Degree	1 2 3 4	
High School		Major  Degree	1 2 3 4	
State any other job related education or training that may be of significance:				
Licenses & Certificates		Registration Number & State		Date of Expiration

## WORK EXPERIENCE

Give employment record as completely as possible, starting with your present or last employer back for the past 4 employers.

May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Employer	Job Title & Brief Description of Duties	Pay Rate	Reason For Leaving
<b>Employer</b> <span style="float: right;">Phone #</span>			
Address			
City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span>			
Supervisors Name <span style="margin-left: 20px;">Date Employed</span> From Mo./Yr. To Mo./Yr.			
<b>Employer</b> <span style="float: right;">Phone #</span>			
Address			
City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span>			
Supervisor's Name <span style="margin-left: 20px;">Date Employed</span> From Mo./Yr. To Mo./Yr.			
<b>Employer</b> <span style="float: right;">Phone #</span>			
Address			
City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span>			
Supervisor's Name <span style="margin-left: 20px;">Date Employed</span> From Mo./Yr. To Mo./Yr.			
<b>Employer</b> <span style="float: right;">Phone #</span>			
Address			
City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span>			
Supervisor's Name <span style="margin-left: 20px;">Date Employment</span> From Mo./Yr. To Mo./Yr.			
<b>Employer</b> <span style="float: right;">Phone #</span>			
Address			
City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span>			
Supervisor's Name <span style="margin-left: 20px;">Date Employment</span> From Mo./Yr. To Mo./Yr.			

# Applicant Consent

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?   YES   NO   A description of the essential functions is available upon request.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions and Generations/TCV Employees LLC from all liability in regard to the final outcome(s) due to the transmission of truthful reference information. I understand that employment with Generations/TCV Employees LLC is terminable at will, with or without cause, and with or without notice, by the employee or Generations/TCV Employees LLC. All obligations on Generations/TCV Employees LLC part, with respect to salary, shall end with the last day worked. I understand that any falsification or omission of relevant information may result in a denial or an offer or termination. I understand that employees are not allowed to smoke on the facility property.

I understand and consent to the use of my picture and/or voice to be used by the company for company materials, photo boards, newsletters, brochures and/or company videos.

I authorize the company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the company. I hereby release and hold the company harmless from any claim for releasing any truthful information within its knowledge and/ or records.

**I have had an opportunity to have my questions about this statement's content and intent answered and understands its terms.**

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Applicant's Signature

Date

## BACKGROUND CHECK REQUEST (MSC 0301QED)

This form is to be used to assist in gathering information to be entered into the CRIMS system.

The instructions for the Qualified Entity Designee (QED) are available separately in form MSC 0301 QEDi.

**The instructions for the Subject Individual (SI) are attached to this form and must be given to the SI.**

Section 1 — Information needed by the QED to complete the “Create New” page in CRIMS:
1. QE ( <i>agency</i> ) name:
2. QED name:
3. Application type in CRIMS to use: <i>App type determined by the SI’s position, whether SI is paid (employee or contractor) or not paid (volunteer, student, or household member of a home, etc.). Select from the app types available to the QED in CRIMS.</i>
4. Start date for position ( <i>mm/dd/yyyy</i> ):
5. Position title ( <i>indicate the specific position title for the SI; do NOT use “new hire,” “volunteer,” or “intern”</i> ):
6. Description of duties ( <i>provide specific details of what the position requires</i> ):  _____
7. Position requires direct contact with ( <i>select all that apply</i> ): <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Seniors ( <i>65 years and older</i> ) <input type="checkbox"/> Confidential information <input type="checkbox"/> Secure facilities <input type="checkbox"/> Finances/financial records <input type="checkbox"/> Information technology systems
8. Do the duties require driving? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Type(s) of documents checked to verify identity ( <i>check all that apply</i> ), then initial: _____ <input type="checkbox"/> Driver’s license or state ID <input type="checkbox"/> Social Security card <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____
10. Worksite location(s)/address(es) for this position ( <i>include all locations if multiple, or “various”</i> ):  _____

**Complete Section 1; then give the SI pages 2–3 to complete WITH pages 5–8 Instructions.**

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

**Section 2 — To be completed by the SI. READ INSTRUCTIONS CAREFULLY.**

11. Individual name ( <i>last/first/middle</i> ):					
12. Social Security number ( <i>optional</i> ):			13. Date of birth ( <i>mm/dd/yyyy</i> ):		
14. Email address:			15. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
16. Driver license ID: State: _____ Number: _____					
17. Aliases/other names used:					
18. <input type="checkbox"/> Check only if you prefer correspondence be sent to your residential or mailing address ( <i>rather than an email address</i> ).					
19. Residence street address:					
City:		State:		ZIP code:	
Mailing address: <input type="checkbox"/> Same as residence					
City:		State:		ZIP code:	
20. Home phone:			Mobile phone:		
21. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , complete the following for each residence in the past five (5) years:					
Date ( <i>mm/dd/yy</i> )		City:	State:	Country:	Name(s) used at this residence:
Start:	End:				
22. Have you ever been charged, arrested, adjudicated and/or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , list all charges, arrests, adjudications and/or convictions ( <i>adult and juvenile</i> ) and the outcome, regardless of how long ago. Attach additional pages as needed.					
Date ( <i>mm/dd/yyyy</i> ):	Charge, arrest or conviction ( <i>list actual crime, like Theft II</i> ):	Outcome ( <i>e.g., conviction, dismissal</i> ):	City:	County:	State:
<b>For each arrest, charge, adjudication or conviction you list, attach extra pages and provide as much information as possible regarding the incident and outcome.</b>					

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

**Section 2 — To be completed by the SI (continued)**

23. If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your potentially disqualifying history, yourself, your training, education, work history, treatment and circumstances since your potentially disqualifying history that you want the BCU to weigh. Add additional pages as needed.

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**24. Signature of SI Authorizing Background Check Process and Release of Information**

I have been provided pages 5-8 of this background check request form and have read and understand the instructions given there.

My submission of this form with my signature authorizes the Background Check Unit (BCU) to initiate a criminal records check, which may include a national criminal records check requiring fingerprints, and to receive the results from Oregon State Police and the FBI. I understand that BCU will complete an abuse check on me. Any information from these checks may be shared with a qualified entity designee at the facility or licensing authority associated with this application.

**My submission of this form with my signature authorizes BCU to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event BCU discovers potentially disqualifying convictions or conditions, including abuse, BCU may notify me at the address or email I have given to request additional information.**

**My submission of this form with my signature authorizes BCU to release information given in this background check request or position information to any criminal justice agency or investigative body as needed for investigation, outstanding warrants or supervision requirements.**

I authorize BCU to process this background check request. I certify that all statements I have made are currently accurate. I understand that I need to disclose any new information that occurs after I submit this form while the background check is still pending. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the background check may be repeated any time while I hold the position for which this check is being done.

SI signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

**Section 3 — Information to be completed by the QED on the “SI Summary Page” in CRIMS**

25. Has the SI disclosed any adverse criminal history occurring within the past five (5) years?

Yes  No

**If the answer is yes, you MAY NOT hire the SI on a preliminary basis pending the final fitness determination.**

**If the answer is no, you may hire the SI on a preliminary basis pending the final fitness determination, if allowed by your agency’s licensing program rules. The SI must be actively supervised in accordance with OAR 407-007-0315.**

SI being hired on a preliminary basis?  Yes  No

I request an expedited review for hiring on a preliminary basis. The BCU may complete a preliminary fitness determination if fingerprints are required for this SI.

26. The SI has disclosed (*check all that apply*):

- Out-of-state driver license/state ID card
- Out-of-state residence
- Out-of-state residence within the past five (5) years
- Criminal history in Oregon or any other jurisdiction

**If any of the above is checked or if you have reason to believe that the SI’s identity needs to be confirmed, fingerprints are required for this SI regardless of whether this is an initial application or a recheck.**

27. QED signature:

Date:

**Section 3 (page 4) to be completed by QED. Pages 5–8 are instructions for the subject individual.**

All documents related to this background check request (*including this form*) should be scanned and attached to the CRIMS record using the **add/edit documents** button on the SI summary page.

## **Background Check Request**

### **Instructions for Subject Individual (SI)**

***Read all of the instructions before completing the form.***

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 is the agency where you are applying to work or hold a position. The qualified entity designee (QED) is a person at the QE who has received training from the Department of Human Services Background Check Unit (BCU) for background checks: the QED is usually your contact for doing this background check.

#### **Section 2 — You, the SI, complete this section.**

11. Type or print your complete name.
12. The disclosure of your Social Security number (SSN) is optional. The BCU requests the SSN solely for the purpose of positively identifying you during the background check process. If you do not provide a SSN, the BCU may request fingerprints to confirm identity.
13. Enter your date of birth (*mm/dd/yyyy*).
14. Enter your email address.
15. Check the box for your gender.
16. Enter your driver license or state ID, listing the state and the number.
17. Type or print all aliases or other names you have ever used.
18. Check this box only if you prefer to have correspondence from BCU sent to your mailing address rather than email. *BCU will send any correspondence via regular mail if it contains confidential information.*
19. Type or print your residence address. If you have a mailing address that is different from your residence, type or print it.
20. Type or print the phone numbers where you can be reached.
21. If you have lived outside of Oregon in the past five (5) years for more than 60 days in a row, check the “yes” box and provide details of your previous residences. If you have lived in Oregon for the entire past five (5) years, check the “no” box and go to #22.
22. Provide information on your criminal history. If you have never been arrested, charged, or convicted, check the “no” box and go to #23.

**Disclose all criminal history** — You must accurately and completely disclose all history (*adult and juvenile*) regardless of how long ago it happened. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed or you may be denied due to false statement. Any serious traffic offense such as reckless driving, driving under the influence of intoxicants (DUII) and driving while suspended (DWS), must be listed. Failure to appear, even for a minor traffic violation, must be listed.



If you are not sure if something should be listed, you should list it. For each charge, arrest, adjudication, or conviction, include the exact date (*mm/dd/yyyy*), location and the outcome. If you do not remember the exact date, round to the nearest month or year (*for example, if the date was sometime in May of 2013, use the date 01/01/2013; if the date was sometime in 2010, use the date 01/01/2010*).

You do not need to disclose any charge, arrest, conviction or adjudication which has been expunged or set aside. If you are uncertain (*for example, you do not have documented proof of court action, or you have not requested a copy of your record to confirm that the expunction or setting aside has occurred*), you may disclose without penalty: if you disclose anything which has been expunged or set aside, or provide documentation proving something has been expunged or set aside, BCU will in no way use any charge, arrest, conviction or adjudication which has been expunged or set aside in a weighing test or fitness determination.

***If you have any new arrests, charges, convictions or adjudications after submitting this background check request form but before the final fitness determination:***

Contact the agency where you are applying to work or hold a position. The QED will need to add this information, including any additional information you want to provide (see *instructions for #23 below*), to the background check request already submitted to BCU.

Violations and infractions: Minor moving and non-moving traffic violations are not required to be listed.

**Note: Although you are not being asked in this form to disclose any history of your being considered an alleged or reported perpetrator of abuse, BCU will conduct an abuse check on you. If you would like to disclose any abuse history, you may do so by attaching additional pages to the background check request form, or giving them to your contact at the agency for which you are doing this background check.**

23. **If you have criminal or abuse history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions, attaching additional pages as needed. Attach documentation to support your responses.**

- What happened leading up to the criminal or abuse history?
- Explain the outcome of the criminal or abuse history.
- List any requirements resulting from each event.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- How has your life changed since your history?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- List other information you believe would be helpful in making a decision in this case.

Note: Some convictions and conditions may be subject to ORS 443.004 or federal mandatory exclusions and a weighing test may not be allowed. See more information below under Possible Outcomes.

24. **CAREFULLY READ THE STATEMENTS IN THIS SECTION. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT WITH ALL STATEMENTS AND YOUR AUTHORIZATION TO RELEASE OF INFORMATION BY BCU.** Sign and date the form. Return it to the person listed in #2 or to your contact in the agency for which you are completing this background check request.

**What is potentially disqualifying** — Review the Department of Administrative Services (DAS) and the Provider background check rules available at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx> for a complete list of what is potentially disqualifying. If you have potentially disqualifying convictions or other potentially disqualifying criminal conditions, you may challenge your record if you believe it to be incomplete or inaccurate. See below regarding challenging. In general, the following are potentially disqualifying:

- All criminal convictions and adjudications.
- Other current or recent criminal actions, such as probation violations, sex offender registration, current diversion, conditional discharge, parole, or probation.
- Adult protective services history of physical or sexual abuse or financial exploitation assessed on or after Jan. 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Abuse Prevention and Investigations and the Aging and People with Disabilities (APD) based on severity.
- Effective 12/01/2016, child protective services history held by the department, regardless of the type of abuse or the date of the initial report for which you were found to be responsible.

**Possible outcome of your background check:**

- **Approved:** Your background check is approved for the position listed on this form. An approval does not guarantee employment or placement.
- **Approved with restrictions:** Your background check is approved to work but are restricted to a specific client, a specific work site or a set of duties. This decision may be appealed. A restricted approval does not guarantee employment or placement.
- **Denial:** Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.
- **Case closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a final decision. There are no appeal rights, but you may be able to reapply immediately.
- **Ineligible:** Oregon Revised Statute (ORS) 443.004 prohibits individuals from working in certain positions if they have one or more specific convictions. A complete list of convictions is available at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/HB2442.aspx>. ORS 443.004 covers home care workers and personal support workers; adult foster homes; community-based care for seniors and individuals with disabilities (*excluding nursing facilities*), and all positions working with individuals with developmental disabilities. If found ineligible, you may not hold the position listed on this form and must be terminated immediately. You do not have appeal rights. The BCU will provide more information in the email or letter sent to you.
- **Mandatory exclusion:** If you have any convictions or conditions that would make you subject to a federal exclusion (*for example, the Service America Act, requirements for positions*

subject to the Centers for Medicare and Medicaid Services [CMS], etc.), BCU will issue you a notice and you may not hold the position listed on this form and must be terminated immediately. You may have hearing rights if allowed under federal law. More details are available in the Provider rules at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx>.

**Authority** — BCU is authorized by state law to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181A.195, 181A.200, 409.027 and 443.004; OAR 407-007-0200 to 407-007-0370, OAR 943-007-000 to 943-007-0501). Vulnerable individuals include children, senior citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the SI, do not have direct contact with vulnerable individuals.

**Sources checked** — BCU may check information from the Driver and Motor Vehicle Services Division, Department of Corrections, Oregon State Police, Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

**Challenging criminal information** — You have the opportunity to challenge your criminal record if you believe it has inaccuracies. If you want to obtain a copy of your record, or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal records. Contact information for law enforcement and courts is available online using search engines.

**Rechecks** — **This background check process may be repeated at any time while you work, reside or otherwise continue in this position.**

If you have questions or need this form in large print or in a different format, contact the agency for which you are completing this background check.

Keep these instructions for your records.