



ASIAN HEALTH & SERVICE CENTER

Portland Main Office:
9035 SE Foster Rd.,
Portland, OR 97266
Phone: (503) 872-8822
Fax: (503) 872-8825

Beaverton Office:
3800 SW Cedar Hills Blvd., # 196
Beaverton, OR 97005
Phone: (503) 641-4113

Website: www.ahscpx.org

Asian Health & Service Center is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Position(s) applied for _____

Name _____

Last

First

Middle

Maiden

Address: _____

Number

Street

City

State

Zip

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

EMPLOYMENT DESIRED

Are you eligible to work in the United States? Yes No

If yes, are you US Citizen Permanent Resident (green card) Student with OPT

Are you 18 years of age or older? Yes No If No, what is your current age? _____

Are you currently employed at AHSC? Yes No If Yes, which department? _____

Have you ever been employed by AHSC? Yes No If Yes, date of employment & reason for leaving? _____

Do you have any friends or relatives employed by AHSC's? Yes No If Yes, please provide their names and relationship to you. _____

How did you learn about this employment opportunity at AHSC? Check all that apply:

Ad in newspaper Job Bulletin (Posting)/ Walk-in Dept. of Labor

Ad in magazine Referral by employee Website Other: _____

WORK EXPERIENCE

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

Name of Employer : Address: City, State, Zip (Phone Number)	Name of Last Supervisor	Employment Dates
		From: To:
	Job Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part-time, # Hrs./ Week. _____		
Reason for Leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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		From: To:
	Job Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part-time, # Hrs./ Week. _____		
Reason for Leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		

If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, State of issuance, license #, and expiration date: _____		

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize AHSC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of AHSC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion.

Signature: _____ Date: _____