



ASIAN HEALTH & SERVICE CENTER

Portland Main Office:
 3430 SE Powell Blvd.,
 Portland, OR 97202
 Phone: (503) 872-8822
 Fax: (503)872-8825

Beaverton Office:
 12500 SW Allen Blvd.,
 Beaverton, OR 97008
 Phone: (503) 641-4113
 Fax: (503)872-8825

Website: www.ahsncpy.org

Application for Employment

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.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:		
Email:	Home Phone:	Mobile Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are you US citizen <input type="checkbox"/> or Permanent Resident (green card) <input type="checkbox"/> or student with OPT <input type="checkbox"/>	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	

Are you currently employed at AHSC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?
Have you ever been employed by AHSC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current AHSC's employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
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:
How did you learn about this employment opportunity at AHSC? Check all that apply:		
<input type="checkbox"/> Ad in <i>newspaper</i>	<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Dept. of Labor
<input type="checkbox"/> Ad in <i>magazine</i>	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:
<input type="checkbox"/> Website		

EDUCATION

<u>Name of School</u>	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list clinical skills, language skills, technical skills, clerical skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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.

1. Dates Employed (most recent position) From:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
To:	If part-time, # hrs./week:	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title, Phone #/ Email:	Other Reference Name, Title, Phone #/Email: (if applicable)	Contact this references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
2. Dates Employed From:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
To:	If part-time, # hrs./week:	
Starting Salary:	Organization Name and Address:	
Final Salary:		

Supervisor's Name, Title, Phone #/ Email:	Other Reference Name, Title, Phone #/Email: (if applicable)	Contact this reference: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

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.

Applicant Signature: _____ **Date:** _____