

REHABILITATION CONSULTANT, INC.

1125 SE Madison St Ste 100A
Portland, OR 97214

PH: 503-234-0433
FX: 503-234-0899

MASTER APPLICATION

NAME: _____

HOME PH. #: _____ CELL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

DATE OF BIRTH: _____ OVER 18: Y N

DRIVERS LICENSE/ID #: _____ EXPIRES: _____

SOCIAL SECURITY#: _____

DESIRED WORK HOURS OR SHIFT: _____

HOURS OR SHIFT WILLING TO WORK: _____

DAYS/TIMES NOT AVAILABLE: _____

MIN. SALARY ACCEPTABLE: \$ _____ P/HR

WOULD YOU PREFER: FT _____ PT _____ EITHER _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE #: _____

RELATIONSHIP: _____

DISABILITIES: _____

EMPLOYMENT BARRIERS:

EMPLOYMENT STRENGTHS:

PHYSICAL LIMITATIONS:

EDUCATION/TRAINING:

HIGH SCHOOL: _____ CITY/STATE: _____

DIPLOMA: Y N GED: Y N GRADUATED: Y N YR _____

COLLEGE: _____ CITY/STATE: _____

DATES ATTENDED: _____ GRADUATED: (Year) _____

DEGREE: _____

MAJOR/SPECIAL INTERESTS: _____

OTHER EDUCATION: _____ CITY/STATE: _____

DATES ATTENDED: _____ INTERESTS: _____

SPECIAL LICENSES/CERTIFICATIONS: _____

FOOD HANDLERS CARD: _____ EXPIRES: _____

OLCC CARD: _____ EXPIRES: _____

JOB QUALIFICATIONS: (yrs of experience, etc.) _____

WORK EXPERIENCE:

1. EMPLOYER: _____ Ph. #: _____

ADDRESS (st./city/zip): _____

SUPERVISOR: _____ May we contact: Y N

DATES EMPLOYED: From _____ To _____

SALARY: (Starting) \$ _____ (Ending) \$ _____

JOB TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____ Ph. #: _____

ADDRESS: (st./city/zip) _____

SUPERVISOR: _____ May we contact: Y N

DATES EMPLOYED: From _____ To _____

SALARY: (Starting) \$ _____ (Ending) \$ _____

JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____ Ph. #: _____

ADDRESS: (st./city/zip) _____

SUPERVISOR: _____

DATES EMPLOYED: From _____ To _____

SALARY: (Starting)\$ _____ (Ending)\$ _____

JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

4. EMPLOYER: _____ Ph#: _____

ADDRESS: (st./city/zip) _____

SUPERVISOR: _____ May we contact: Y N

DATES EMPLOYED: From _____ To _____

SALARY: (Staring) \$ _____ (Ending) \$ _____

JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES:

1. NAME: _____ Ph.#: _____

ADDRESS: (st./city/zip) _____

OCCUPATION: _____

YEARS KNOWN: _____ ARE THEY: FAMILY _____ FRIEND _____

2. NAME: _____ Ph#: _____

ADDRESS: (st./city/zip) _____

OCCUPATION: _____

YEARS KNOWN: _____ ARE THEY: FAMILY _____ FRIEND _____

3. NAME: _____ Ph#: _____

ADDRESS: (st./city/zip) _____

OCCUPATION: _____

YEARS KNOWN: _____ ARE THEY: FAMILY _____ FRIEND _____

OTHER INFORMATION:

US CITIZEN: Y N IF NOT CAN YOU LEGALLY WORK: Y N

DOCUMENTATION: _____

VETERAN: Y N IF YES, WHICH BRANCH: _____

ENTRY/DISCHARGE DATES: _____

EVER CONVICTED OF A CRIME: Y N

MISDEMEANOR: _____

FELONY: _____

IF YES, EXPLAIN: _____

Career Counselor Assigned: _____

Phone: _____ Email: _____