



No Worries and Beyond Addictions are Equal Opportunity Employers and consider all applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants who are in addiction recovery are required by Oregon Administrative Rules to have a minimum of two years of documented sobriety, pass a criminal history check, and be prepared to work in a drug- and smoke-free work environment. All successful applicants must notify No Worries and Beyond Addictions in writing, within 24 hours, upon any arrest, DUII, indictment, or conviction.

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION AND FORMAL TRAINING – <i>If you need additional space please continue on a separate sheet of paper.</i>			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

SPECIAL SKILLS AND CERTIFICATIONS	
<input type="checkbox"/> RN License – Date Received	<input type="checkbox"/> Calculator
Current?    Yes    No – RN License #	<input type="checkbox"/> Spreadsheets
<input type="checkbox"/> LPN License – Date Received	<input type="checkbox"/> Word Processor
Current?    Yes    No – CNA License #	<input type="checkbox"/> FAX
<input type="checkbox"/> CNA License – Date Received	<input type="checkbox"/> PC
Current?    Yes    No – CNA License #	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> CPR License – Date Received	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> PCA Certificate / Training	<input type="checkbox"/> Record Keeping / Charting
<input type="checkbox"/> Other Skill or Certification (please specify)	

LANGUAGES SPOKEN
Please list all other languages your are fluent in (excluding English):





PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	



**DISCLAIMER AND SIGNATURE**

Please read the following statements carefully before signing this application.

**Only those applications that are signed and dated are considered valid.**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date. I authorize any persons having knowledge of my past employment, education/training, and other related activities to provide No Worries Corporation and Beyond Addictions information that may be required to arrive at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with No Worries Corporation and Beyond Addictions is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of the Company.

Printed Name	Date
Signature	Date

**FOR PERSONNEL USE ONLY**

Interviews Conducted By	1)	Date
	2)	Date
Hired <input type="checkbox"/>	Date of Hire	
Job Title		
Completed and authorized by		Date
Not Hired <input type="checkbox"/>		
Explanation:	<input type="checkbox"/> Other More Qualified Applicants	<input type="checkbox"/> Lack of Skills
	<input type="checkbox"/> Travel Restrictions	<input type="checkbox"/> Lack of Availability
Remarks:		