



## JOB APPLICATION

### Next Step Strategies Developmental Disabilities Services

8909 SE Tolbert St, Clackamas, Oregon  
97015 503-347 6192

Next Step Strategies Developmental Disabilities Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, please contact a company representative.

*Please fill out all sections below:*

#### Applicant Information

Applicant Name:	
Address:	
City, State, Zip Code:	
Telephone Contact Number:	
Email Address:	
Date of Application:	

Position Applying For: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

#### About Your Availability

How did you hear about this position?	
What days are you available for work?	
What hours or shifts are you available for work?	



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If needed, are you available to work overtime?	
When are you available to start, if hired?	
Do you have reliable transportation available to you on a regular basis, as needed?	

### Personal Information

- Do you have any relatives working for NSSDDS?  Yes  No
- If yes, please state their name(s) and relationship to you \_\_\_\_\_
- \_\_\_\_\_
- Are you at least 18 years of age or older?  Yes  No
- Are you a U.S. Citizen or approved to work in the United States?  Yes  No
- Are you able to perform the essential duties of the position  
with or without reasonable accommodation?  Yes  No

*(Note: NSSDDS complies with the ADA and Oregon law and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

- Have you ever been convicted of a criminal offense?  Yes  No

If yes, please state the nature of each conviction including the nature of the crime convicted of, date, and disposition of each case.

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*



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### Job Skills and Qualifications

Please list your skills, knowledge, abilities, and qualifications relevant to this position.


### Education and Training

High School

Name	Location, City, State	Year Graduated	Degree Earned

College/University

Name	Location, City, State	Year Graduated	Degree Earned

Vocational School/Specialized Training or Certificate

Name	Location, City, State	Year Graduated	Degree Earned

### Military Service

- Have you served as a member of the U.S. Military Armed Services?    \_\_\_ Yes    \_\_\_ No



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- Dates of Service? From \_\_\_\_\_ To \_\_\_\_\_
- What branch of the Military did you serve? \_\_\_\_\_
- Discharge status? \_\_\_\_\_
- What skills from the military do you possess that would be an asset for this position?

**Prior Experience/Work History (attach additional sheets if necessary)**

Employer Name: Job Title: Supervisor Name: Supervisor Phone: Employer Address: Dates Employed: Reason for Leaving:	Duties:
Employer Name: Job Title: Supervisor Name: Supervisor Phone: Employer Address: Dates Employed: Reason for Leaving:	Duties:



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Employer Name:	Duties:
Job Title:	
Supervisor Name:	
Supervisor Phone:	
Employer Address:	
Dates Employed:	
Reason for Leaving:	

**References:** Please provide three (3) professional references

Reference Name	Contact Number

**Other**

- Do you have a current First Aid CRP certification?      \_\_\_ Yes      \_\_\_ No
- Have you taken OIS Training      \_\_\_ Yes      \_\_\_ No
- If yes, date of OIS Training \_\_\_\_\_

Do you have someone you want to work with? if so who? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date