

Our House of Portland Employment Application Addendum

Special Qualifications:

- Registered Nurse State _____ License # _____
- Licensed Practical Nurse State _____ License # _____
- Certified Nursing Assistant Provide copy of certificate
- Certified Medication Aide Provide copy of certificate
- Certified Medical Assistant Provide copy of certificate
- CPR/First Aid Training Expiration date _____
- Language/ASL List _____
- Other List _____

Please describe previous paid or volunteer experience/training and/or personal experiences working with people with AIDS, death and dying and grief issues, people with physical disabilities, alcohol and drug addictions, and chronic mental illness:

Please state your reasons for wanting to provide care for people with AIDS in a residential care setting:

I certify that all information I have provided in order to apply for and secure work with Our House of Portland is true, complete, and correct.

Applicant signature

Date