



6900 SW Atlanta St., Portland, OR 97223-2513  
 (503) 684-3300 or 1-800-858-5505, email: [jobs@oregoned.org](mailto:jobs@oregoned.org)

# Application for Employment

**We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

(PLEASE PRINT)

Position applied for:

Date:

Last Name

First Name

M.I.

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Address, City, State, Postal Code

Email

Phone

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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

## EDUCATION

School name and location:

Years completed:

Diploma degree:

Describe course of study:

Describe any honors you have received:

Describe any specialized training, skills, or extra-curricular activities applicable to employment:

Undergraduate College/University	Graduate/professional

# Application for Employment Continued

## EMPLOYMENT

Start with your present or last job. (Previous employers may be contacted to confirm information.) If you need additional space, please continue on a separate sheet of paper.

<b>Name of Employer:</b>			<b>Dates Employed</b>	
<b>May we contact your Employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>From</b>	<b>To</b>
<b>Your Job Title:</b>				
<b>Name of Contact:</b>			<b>Phone</b>	
<b>Job Title of Contact:</b>				
<b>Employer Address:</b>				

**Full-Time**       **Part-Time**

**Describe work performed**

<b>Reason for leaving:</b>	
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<b>Name of Employer:</b>			<b>Dates Employed</b>	
<b>May we contact your Employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>From</b>	<b>To</b>
<b>Your Job Title:</b>				
<b>Name of Contact:</b>			<b>Phone</b>	
<b>Job Title of Contact:</b>				
<b>Employer Address:</b>				

**Full-Time**       **Part-Time**

**Describe work performed**

<b>Reason for leaving:</b>	
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# Application for Employment Continued

## EMPLOYMENT EXPERIENCE (continued)

<b>Name of Employer:</b>			<b>Dates Employed</b>	
<b>May we contact your Employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>From</b>	<b>To</b>
<b>Your Job Title:</b>				
<b>Name of Contact:</b>			<b>Phone</b>	
<b>Job Title of Contact:</b>				
<b>Employer Address:</b>				

**Full-Time**       **Part-Time**

**Describe work performed**

<b>Reason for leaving:</b>	
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<b>Name of Employer:</b>			<b>Dates Employed</b>	
<b>May we contact your Employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>From</b>	<b>To</b>
<b>Your Job Title:</b>				
<b>Name of Contact:</b>			<b>Phone</b>	
<b>Job Title of Contact:</b>				
<b>Employer Address:</b>				

**Full-Time**       **Part-Time**

**Describe work performed**

<b>Reason for leaving:</b>	
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# Application for Employment Continued

## OTHER PROFESSIONAL REFERENCES

1. Name Title

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Company

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Address

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Phone

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2. Name Title

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Company

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Address

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Phone

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3. Name Title

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Company

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Address

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Phone

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## APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal. I hereby grant permission for any of the references that I have listed to be contacted.

Applicant's Signature:

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Date:

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