



EMPLOYMENT APPLICATION

Please Print Clearly

<i>APPLICANT INFORMATION</i>			
FIRST NAME	M.I.	LAST NAME	
STREET ADDRESS		APARTMENT/UNIT NO.	
CITY	STATE	ZIP CODE	
PHONE	EMAIL		
ARE YOU AT LEAST 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DRIVER'S LICENSE NO.	STATE	YEARS DRIVING	
TODAY'S DATE:			
<i>EMPLOYMENT INFORMATION</i>			
POSITION SEEKING			
DATE AVAILABLE TO BEGIN	/ /	EXPECTED WAGE	
ARE YOU SEEKING	TEMPORARY <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>
DAYS AND TIMES YOU ARE AVAILABLE TO WORK:			
DAYS AND TIMES NOT AVAILABLE TO WORK:			
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PLEASE DESCRIBE:
DO YOU HAVE AN OREGON FOOD HANDLERS LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPIRATION DATE:
DO YOU HAVE AN OLCC LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPIRATION DATE:
<i>EDUCATION</i>			
<i>SECONDARY OR EQUIVALENT</i>			
NAME OF SCHOOL			
HIGHEST LEVEL ATTAINED	DATE OF GRADUATION / /		
<i>COLLEGE</i>			
NAME OF SCHOOL			
HIGHEST LEVEL ATTAINED	DATE OF GRADUATION / /		

WORK HISTORY

COMPANY			PHONE NO.				
ADDRESS			CITY/STATE/ ZIP / /				
DATES OF EMPLOYMENT		FROM	/	/	To	/	/
JOB TITLE							
BRIEFLY DESCRIBE DUTIES							
SPECIFIC REASON FOR LEAVING							

COMPANY			PHONE NO.				
ADDRESS			CITY/STATE/ ZIP / /				
DATES OF EMPLOYMENT		FROM	/	/	To	/	/
JOB TITLE							
BRIEFLY DESCRIBE DUTIES							
SPECIFIC REASON FOR LEAVING							

COMPANY			PHONE NO.				
ADDRESS			CITY/STATE/ZIP / /				
DATES OF EMPLOYMENT		FROM	/	/	To	/	/
JOB TITLE							
BRIEFLY DESCRIBE DUTIES							
SPECIFIC REASON FOR LEAVING							

PLEASE DESCRIBE YOUR RELATED EXPERIENCE SPECIFIC TO THE POSITION YOU ARE SEEKING (IF APPLICABLE)

REFERENCES

NAME	PHONE NO. OR EMAIL ADDRESS
NAME	PHONE NO. OR EMAIL ADDRESS
NAME	PHONE NO. OR EMAIL ADDRESS

FUTURE PLANS AND/OR FURTHER COMMENTS: