

Oregon's Wild Harvest Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

APPLICANT INFORMATION

Position(s) applied for		Date of Application	
When will you be available to start work?			
Last name	First Name	Middle Initial	
Address	City	State	Zip
Telephone Number		SSN	
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no			

EDUCATION (Please list all schools attended)

	Name & Address	Number of Years Attended	Major Course	List Degrees(s) Earned
High School				
College/University				
College/University				
Graduate School				
Business/Technical				

List languages that you speak proficiently:

List languages that you write proficiently:

REFERENCES

Give name, address and telephone number for at least three references who are not related to you and are not previous employers.

EMPLOYMENT HISTORY (Beginning with Present position)

From mo/yr	To mo/yr	Employer Name, Address & Phone Number	Salary/ Wage	Position title & a short description of work

SPECIAL SKILLS/QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Are you physically or otherwise unable to perform the duties of the job for which you are applying? yes no

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date