



Application For Employment

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 burnsfeedoregon@gmail.com

We consider applicants for all positions without regard to race, color, religion, crees, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(Please Print)

Position applied for: _____ Date of Application: _____

PERSONAL

Name: _____

Address: _____

Phone: _____

Best time to call: ___ Morning ___ Afternoon ___ Evening	Have you filed an application with us before? Please Provide Date:
Do any of your friends or family work here?	If yes, state name and relationship:
Are you currently employed?	May we contact your current employer?
Date available for work:	What is your desired salary range?
Are you available to work: ___ full time ___ part time ___ temporary	

EDUCATION

School	Name & Address of School	Course of Study	NO. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience (Start with most recent)

Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title\	Hourly	Salary	
Supervisor	Starting	Final	
Reasons for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title	Hourly	Salary	
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Address	From	To	
Phone			
Job Title	Hourly	Salary	
Supervisor	Starting	Final	
Reasons for Leaving			

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills (Skills/Equipment Operated)

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities in such a job or occupation has been given. ___ Yes ___ No

Personal/Professional References

Do not include family members or past supervisors

Name	Phone	Best time to call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

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 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 the 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 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