

APPLICATION FOR EMPLOYMENT



GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No		

POSITION

Position Or Type Of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Shift: Day Evenings Graveyard
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Desired Hourly Wage?	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No If no, list the highest grade completed _____						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

--

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number	Supervisor
Address		
Job Title	Number of Employees Supervised	From (Month/Year)
Specific Duties		To (Month/Year)
		Hours Per Week
Employer	Telephone Number	Supervisor
Address		
Job Title	Number of Employees Supervised	From (Month/Year)
Specific Duties		To (Month/Year)
		Hours Per Week
Employer	Telephone Number	Supervisor
Address		
Job Title	Number of Employees Supervised	From (Month/Year)
Specific Duties		To (Month/Year)
		Hours Per Week
Employer	Telephone Number	Supervisor
Address		
Job Title	Number of Employees Supervised	From (Month/Year)
Specific Duties		To (Month/Year)
		Hours Per Week

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____



503-381-6157

1520 SE 7th Ave.
Portland OR, 972141668 NW 23rd Ave.
Portland, OR 97210pacificpieco.com
jobs@pacificpieco.com