



PORTLAND ROSE FESTIVAL FOUNDATION  
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			TODAY'S DATE
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER		FAX NUMBER
REFERRED BY	EMAIL ADDRESS	ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED TO THIS FOUNDATION BEFORE?	WHICH POSITION?	WHEN?

EDUCATION

	ADDRESS	SUBJECTS STUDIED/DEGREE OBTAINED
HIGH SCHOOL		
COLLEGE		
COLLEGE		
TRADE OR BUSINESS SCHOOL		

GENERAL

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE, MONTH, YEAR	NAME, ADDRESS OF EMPLOYER	SALARY	POSITION AND SUPERVISOR NAME	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

IS THERE ANYTHING THAT WILL PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?


**AUTHORIZATION:**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

**Employment with the Portland Rose Festival Foundation is 'at-will', this means that either the employee or the Foundation may terminate employment, at any time, for any reason.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_