



Children's Museum of Eastern Oregon

400 South Main Street • Pendleton, Oregon • 97801 • 541-276-1066 • 541-966-1066 Fax

Job Application

Date: _____

Position for which you are applying: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Please list additional address:

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Email _____

Other name(s) by which known _____

May we contact your current employer? ____ YES ____ NO

Are you legally entitled to work in the USA? ____ YES ____ NO

Any physical conditions which may limit your ability to perform work applied for?

Do you have a valid Oregon driver license? ____ YES ____ NO

Have you ever been convicted of a crime (other than a minor traffic offense)? ____ YES ____ NO

If yes, describe in full detail.

Education:

High School:	Location:
College or University:	
Major:	
Dates Attended: From:	To:
Additional Schooling or Training:	

Work Experience List present (or most current) first, providing information for all positions held within the last 10 years (not just the ones you feel are applicable to this position). You do not need to provide a detailed list of duties and responsibilities if described in an attached resume.

1. _____
 Company Name _____ Your Title _____

Company Address _____ City _____ State _____ Zip Code _____

Date Started _____ Date Left _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Area Code _____ Telephone _____

Descriptions of duties and responsibilities.

Reason for leaving

2. _____
 Company Name _____ Your Title _____

Company Address _____ City _____ State _____ Zip Code _____

Date Started _____ Date Left _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Area Code _____ Telephone _____

Descriptions of duties and responsibilities.

Reason for leaving

3. _____
 Company Name _____ Your Title _____

Company Address _____ City _____ State _____ Zip Code _____

Date Started _____ Date Left _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Area Code _____ Telephone _____

Descriptions of duties and responsibilities.

Reason for leaving

List others on separate sheet of paper.

Volunteer Experience

Agency _____ Area Code _____ Telephone Number _____

Street _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ How long there? _____

Duties

Agency _____ Area Code _____ Telephone Number _____

Street _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ How long there? _____

Duties

List others on separate sheet of paper.

Special Skills and Interests:

References: *List those individuals who have known you for at least one year (not relatives or supervisors) and who know your qualifications and fitness for the job.*

1. _____

Name	Position	Area Code	Telephone
Street Address	City	State	Zip Code

2. _____

Name	Position	Area Code	Telephone
Street Address	City	State	Zip Code

3. _____

Name	Position	Area Code	Telephone
Street Address	City	State	Zip Code

Please explain any other information regarding how you qualify for the position:

I certify that the information in this application, supplement and all attachments is true and complete. I understand that false statements, misrepresentations or omissions of information in this application, supplement, attachments, or other Children's Museum of Eastern Oregon applications or forms, may result in rejection of this application, removal from an eligibility list, or other disciplinary action. Children's Museum of Eastern Oregon is expressly authorized to investigate all statements contained in this application, supplement or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the Children's Museum of Eastern Oregon. Further, I understand that employment by the Children's Museum of Eastern Oregon is conditioned upon the successful completion of an investigation into my background. I hereby authorize the Children's Museum of Eastern Oregon to conduct such background investigation, including criminal and driving records check, if applicable. I understand I may be disqualified from further consideration should I fail any of the background processes. In the event that Children's Museum of Eastern Oregon employs me, I agree to comply with all ordinances, rules and regulations. Further, I understand and agree that my employment by the Children's Museum of Eastern Oregon does not grant me any right of continued employment or create a contract of employment, either express or implied, between Children's Museum of Eastern Oregon and me.

Signature: _____ Date Signed: _____

Applicants are considered without regard to race, color, religion, gender, disability, national origin, age, veteran status, or any other legally protected status.