

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:			
From:	To:	Reason For Leaving:	
May we contact your previous supervisor for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:			
From:	To:	Reason For Leaving:	
May we contact your previous supervisor for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:			
From:	To:	Reason For Leaving:	
May we contact your previous supervisor for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Authorization for release of personal data

I hereby authorize any person, school, current employer, past employer, and any other person or entity with knowledge of me to provide PASS with any information and opinion which it regards as useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements, or furnishing any and all information which PASS may seek. A photocopy of this authorization is as effective as the original.

Signature of Applicant: _____ Date: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



PO Box 2496, Clackamas, OR 97015

503-262-9322

passodr@gmail.com

www.passodr.org

Employment Application

Applicant Information									
Full Name:							Date:		
Last		First		M.I.					
Address:									
Street Address						Apartment/Unit #			
City						State		ZIP Code	
Phone: ()			E-mail Address:						
Date Available:			Social Security No.:			Desired Salary: \$			
Position Applied for:									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever submitted your resume with PASS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been found to have committed abuse?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Education									
High School:			Address:						
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:			Address:						
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:			Address:						
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
References									
<i>Please list three professional references.</i>									
Full Name:				Relationship:					
Company:				Phone: ()					
Address:									
Full Name:				Relationship:					
Company:				Phone: ()					
Address:									