



Application for Employment

Crater Lake and Oregon Caves Natural History Association



General Information

Name (Last)		(First)		Middle Initial	Phone #
Address (Mailing)		City	State	Zip	Other Phone #
E-Mail Address			Are you legally entitled to work in the US? Yes or No?		
SS#	Drivers License #	Emergency Contact Information		Name: Phone Number:	
	Which location are you apply for? CRLA or ORCA:				

Job Position

Are you able to perform the essential functions of the job that you are applying for?	
Yes or No?	Full-Time or Part-Time?
Salary Desired?	Dates Available (Start and Finish Dates Please):

Education and Training

High School Graduate or General Education(GED) Test Passed. Yes or No?					
If no, What was the highest grade completed?					
High School, College, Business School, Military (Most recent First)					
Name and Location	Dates attended Month/Year		Graduate? Yes or No?	Degree and Year?	Major or Subject
	From				
	To				
	From				
	To				
	From				
	To				

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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Special Skills (List any special skills you might find that would be beneficial for the Association)

Work Experience (Most recent first) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number of Employees Supervised if any	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for leaving		May we contact this employer? Yes or No?
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number of Employees Supervised if any	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for leaving		May we contact this employer? Yes or No?
Employer	Telephone Number () -	From (Month/Year)
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Job Title	Number of Employees Supervised if any	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for leaving		May we contact this employer? Yes or No?

References (Cannot be a family member)

Name	Relation	Phone number	# of years known
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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: