

METROPOLITAN AREA COMMUNICATIONS COMMISSION

1815 NW 169TH Place, Suite 6020 Beaverton, Oregon 97006-4886
(503) 645-7365 - FAX (503) 645-0999

EMPLOYMENT APPLICATION

This application must be completed for employment consideration.

Position applying for _____

Name: _____

Address: _____

Phone No. Days _____ Evening _____

Work Experience: List employment/volunteer history for the past five (5) years and the name on your _____ records.
Begin with your most recent experience.

<u>DATES</u> (month/year)	<u>Employer</u>	<u>Supervisor</u>
From: _____	Name: _____	Name: _____
To: _____	Address: _____	Title: _____
	_____	Phone: _____
		May we contact? yes () no ()

Position Held: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

<u>DATES</u> (month/year)	<u>Employer</u>	<u>Supervisor</u>
From: _____	Name: _____	Name: _____
To: _____	Address: _____	Title: _____
	_____	Phone: _____
		May we contact? yes () no ()

Position Held: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

DATES (month/year)

Employer

Supervisor

From: _____

Name: _____

Name: _____

To: _____

Address: _____

Title: _____

Phone: _____

May we contact? yes () no ()

Position Held: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

DATES (month/year)

Employer

Supervisor

From: _____

Name: _____

Name: _____

To: _____

Address: _____

Title: _____

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Position Held: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

DATES (month/year)

Employer

Supervisor

From: _____

Name: _____

Name: _____

To: _____

Address: _____

Title: _____

Phone: _____

May we contact? yes () no ()

Position Held: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

Please List any Education, Skills, or Training related to this position:

(Schooling, college degrees, course work, certifications, seminars, technical, trade, equipment, machinery, military, etc.)
Provide dates/terms, if applicable, and the name on your records.

<u>Dates:</u>	<u>Description/Name:</u>	<u>Comments:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dates:</u>	<u>Description/Name:</u>	<u>Comments:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dates:</u>	<u>Description/Name:</u>	<u>Comments:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dates:</u>	<u>Description/Name:</u>	<u>Comments:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificate of Applicant *(read carefully before signing)*

I hereby verify that all statements made in this application are true, and I agree and understand that any misstatement of facts herein may cause forfeiture of employment. I authorize the employing agency to make any reasonable investigations to verify the information contained herein. Any attachments to this application will be considered part of the applications.

Signature

Date