

Application for Employment

How to apply:

- 1) Return your application with a resume and cover letter to the main gate at the Japanese Garden
- 2) Mail your application, cover letter, and resume to Portland Japanese Garden, PO Box 3847, Portland, OR 97208
- 3) Fax your application, cover letter, and resume to (503) 223-8303
- 4) Apply online at www.japanesegarden.com/employment

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Referral Source: Advertisement Employee Relative Walk-in Other _____

Name _____
Last First Middle

Address _____
Street City State/Zip Code

Email _____

Telephone Number(s) _____ If necessary, best time to call you _____

Have you filed an application with the Garden before? No Yes *If yes, give date* _____

Have you previously been employed with the Garden? No Yes *If yes, give dates: From* _____ *To* _____

Are you legally eligible for employment in this country? No Yes

(Proof of U.S. Citizenship status will be required upon employment)

Date available for work: _____

Type of employment desired: Full-Time Part-Time Temporary

Will you work overtime if required? No Yes

Have you been convicted of a felony in the last seven (7) years? No Yes

If yes, please explain _____

Do you possess a valid driver's license? No Yes State _____ License # _____

If you are hired, you may be required to provide a driving report from the DMV.

Employment History

List your last three employers, assignments, or volunteer activities starting with the most recent (including military experience). Explain any gaps in employment in the comments section below.

1. Employer _____
Supervisor's Name _____ Telephone # _____
Position Held _____ Dates of Employment _____
Work Performed _____
Reason for Leaving _____
Hourly Rate/Salary _____
May we contact for reference? No Yes Later

2. Employer _____
Supervisor's Name _____ Telephone # _____
Position Held _____ Dates of Employment _____
Work Performed _____
Reason for Leaving _____
Hourly Rate/Salary _____
May we contact for reference? No Yes Later

3. Employer _____
Supervisor's Name _____ Telephone # _____
Position Held _____ Dates of Employment _____
Work Performed _____
Reason for Leaving _____
Hourly Rate/Salary _____
May we contact for reference? No Yes Later

Educational Background

List last three schools attended, starting with most recent.

1. School _____
Year's Completed _____

2. School _____
Year's Completed _____

3. School _____
Year's Completed _____

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.

1. Name _____
Telephone # _____
2. Name _____
Telephone # _____
3. Name _____
Telephone # _____

List special accomplishments, publications, awards (please exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.) _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for six months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____

Office Use Only:

Date Hired: _____ Position: _____ Rate of Pay _____