



EMPLOYMENT APPLICATION

Please use dark ink & write legibly

The Retreat & Links at Silvies Valley Ranch
 Ranch: 10000 Rendezvous Lane • Seneca, OR 97873
 Office: 7610 SE 162nd Ave • Portland, OR 97236
 541-573-5150 • 503-762-1063

Please Print Clearly and Complete All Information in Each Section			
(Print) Last Name	First Name	Middle Name	Today's Date
List All Your Previous Names Under Which Employment Or Education May Be Verified		E-Mail Address	
Current Address		Telephone No. ()	Yrs. at Address
City	State	Zip	Email Address

Career

Position/Type of Work Desired				Are You 18 yrs or older?		Date Available for Employment											
How Did You Hear Of This Position?		Who referred you?		Expected Wly Pay \$	Months Avail:	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c
					<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time										
Available Hrs.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday										
From:																	
To:																	

Education/Specialized Training

Type of School	Name of School, City & State	Major/Minor	Dates Attended		Years Completed	Degree (Include Mo. & Yr. Granted or Expected)	Scholastic Standing	
			From Mo./Yr.	To Mo./Yr.			Grade PT Avg.	Out of Possible
High School								
College, University or Trade School								
Graduate or Other Education								

Are you involved in or a member of any Pet/animal related associations or organizations? If so, which ones?

Are you involved in or a member of any environmental associations or organizations? If so, which ones?

Are you involved in or a member of any golf associations or organizations? If so, which ones?

Miscellaneous

Are you able to stoop, twist, bend, stand for a long period of time, & lift up to 60 lbs. onto a counter without accommodation? Yes No

If selected for employment, are you able to provide current original documents as proof of your eligibility to work in the United States? Yes No

Do you have a current Oregon Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	Exp. Date:	Restrictions:
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If selected for employment, would you be able to live in Harney or Grant County? Yes No

Do you already live in Grant/Harney County? Yes No

WE ARE A DRUG-FREE, SMOKE-FREE, EQUAL OPPORTUNITY EMPLOYER.

Company Policy, Federal and State Laws Forbid Discrimination Because of Age, Color, Race, Religion, Sex, Disability, Sexual Orientation or National Origin.

Current & Past Employment

May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Give Complete Information Regarding Your Present and Former Employment (Excluding Military Service)						
Name and Address of Employer (Start With Your Present/Last Job)		Dates are Required Mo./Yr.		Job Title and Responsibilities	Salary	Reason(s) for Leaving.
Employer		From:	To:	Supervisor's Name and Title:	Beginning \$	
Address		<input type="checkbox"/> Full Time		Your Job Title & Principal Duties:	Ending \$	
City/State/Zip		<input type="checkbox"/> Part Time				
Phone		<input type="checkbox"/> Summer/Temp				
Employer		From:	To:	Supervisor's Name and Title:	Beginning \$	
Address		<input type="checkbox"/> Full Time		Your Job Title & Principal Duties:	Ending \$	
City/State/Zip		<input type="checkbox"/> Part Time				
Phone		<input type="checkbox"/> Summer/Temp				
Employer		From:	To:	Supervisor's Name and Title:	Beginning \$	
Address		<input type="checkbox"/> Full Time		Your Job Title & Principal Duties:	Ending \$	
City/State/Zip		<input type="checkbox"/> Part Time				
Phone		<input type="checkbox"/> Summer/Temp				
Employer		From:	To:	Supervisor's Name and Title:	Beginning \$	
Address		<input type="checkbox"/> Full Time		Your Job Title & Principal Duties:	Ending \$	
City/State/Zip		<input type="checkbox"/> Part Time				
Phone		<input type="checkbox"/> Summer/Temp				
Have You Previously Applied With, Interviewed With, or Been Employed By Silvies Valley Ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No					When?	

Military

Have you ever served in the U.S. Military? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the additional section below.			
Period of Active Duty Mo./Yr. To Mo./Yr.	Branch of Service	Highest Rank	Principal Duties Performed?

References – Please include personal and/or business references of your previous direct supervisors

Name of Reference	Telephone Number		Civic, Academic or Business Relationship?	Years Known
	Day Phone #			
	Evening Phone			
	Day Phone #			
	Evening Phone			
	Day Phone #			
	Evening Phone			

I certify that all information given on this application is true and correct. I understand that SILVIES will investigate my work and personal history, including my Motor Vehicle Record report, and I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background, and release them from any liability and responsibilities arising from their doing so. I also understand that employment is subject to passing a drug screen and if hired, my employment would be "at will" which means I may be terminated at any time for any reason. I further understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal. And, if I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. within three (3) business days of my hire date. Any change to the policies stated above must be in writing and signed by the President of SILVIES in order to be effective.

SIGNED AND DATED

Applicant's Signature X _____ Date _____

This statement may be photocopied for background investigation.