



**Personal Information**

Name (last name first):				
Address:	Apt. No.:	City:	State:	ZIP:
Phone number:	Best time to contact:		Email:	

**Desired Employment**

Position:	Date you can start:	Salary desired:
Are you employed now: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your present employer: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Applied to Foundation before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	Position:
Worked for Foundation before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	Name used:
Who referred you to the Foundation? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Dept. <input type="checkbox"/> Website <input type="checkbox"/> Other:		

**Education**

High school graduate or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name and location of college attended:	Degree earned, field or Number of years attended:
Trade, business or correspondence school:	Degree earned, field or Number of years attended:
Certificates, licenses or other training:	

**Former Employers (list your last three employers, starting with the most recent)**

Name of present or last employer:			
Address:	City:	State:	ZIP:
Dates employed:	Starting pay :	Final pay rate:	
May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Position(s) you held:		
Name of supervisor:	Title:	Phone number:	
Description of work ( <input type="checkbox"/> check box to refer to résumé):			
Reason for leaving:			
Name of previous employer:			
Address:	City:	State:	ZIP:
Dates employed:	Starting pay :	Final pay rate:	
May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Position(s) you held:		
Name of supervisor:	Title:	Phone number:	
Description of work ( <input type="checkbox"/> check box to refer to résumé):			
Reason for leaving:			

Former Employers (continued)			
Name of previous employer:			
Address:		City:	State: ZIP:
Dates employed:		Starting pay :	Final pay rate:
May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Position(s) you held:	
Name of supervisor:		Title:	Phone number:
Description of work ( <input type="checkbox"/> check box to refer to résumé):			
Reason for leaving:			
References (list three persons you are not related to, whom you have known at least one year)			
Name	Phone number	Occupation	Years acquainted
1.			
2.			
3.			
Authorization			
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references, schools and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, individual or otherwise, and release the Foundation from all liability for any damage that may result from utilization of such information. I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.</p> <p>I also understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Foundation and myself. Further, no representative of the Foundation has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President/CEO. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the foundation has the same right."</p>			
Signature:		Date:	
Optional signature for electronic submission: "By checking this box I agree to the above statement, and understand that if invited to interview I will be required to sign in person the above statement." <input type="checkbox"/>			
Instructions for submitting this application			
<p>The Foundation will make every effort to meet a request for disability accommodation If you require accommodation to participate in our application process, please contact our office. For questions about or assistance with completing this form, please contact the HR office at 541.302.0294, or <a href="mailto:hr@uofoundation.org">hr@uofoundation.org</a>. This application is active for ninety days from date received.</p>			
<p>To submit this completed form, along with your résumé and a cover letter emphasizing your relevant experience and skills,</p> <ul style="list-style-type: none"> <li>• email to <a href="mailto:hr@uofoundation.org">hr@uofoundation.org</a>, or</li> <li>• fax to 541.344.8079, or</li> <li>• mail to UO Foundation, Attn. Human Resources, 1720 E. 13<sup>th</sup> Avenue, Suite 410, Eugene, OR 97403-1905.</li> </ul>			