



Preserving our natural & historic wonders.

JOB APPLICATION

Thank you for your interest in employment with Oregon State Parks Trust (OSPT). We are a not-for-profit organization dedicated to preserving and enhancing Oregon's outstanding natural, scenic, cultural, historic and recreation sites for the enjoyment of present and future generations.

Please type or print all information on your application. Applicants requiring reasonable accommodation to complete the application and/or interview process should notify the Executive Director. Incomplete applications will not be considered.

GENERAL INFORMATION				
POSITION APPLYING FOR:			DATE OF APPLICATION:	
DATE AVAILABLE FOR WORK:			TYPE OF EMPLOYMENT SOUGHT: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
NAME & ADDRESS				
NAME (LAST, FIRST, MIDDLE):			HOME TELEPHONE:	
MAILING ADDRESS:			WORK TELEPHONE:	
CITY:	STATE:	ZIP CODE:	OTHER TELEPHONE: <input type="checkbox"/> Cellular <input type="checkbox"/> Pager <input type="checkbox"/> Message	
EMAIL ADDRESS:			SOCIAL SECURITY NUMBER:	
EDUCATIONAL BACKGROUND				
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A G.E.D. CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SCHOOL, COLLEGE OR UNIVERSITY	CITY & STATE	COURSE OF STUDY (MAJOR)	DID YOU GRADUATE?	TYPE OF DEGREE OR CERTIFICATION RECEIVED
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRAINING & OTHER QUALIFICATIONS				
WHAT OTHER PROFESSIONAL OR JOB-RELATED TRAINING HAVE YOU COMPLETED? ¹				
WHAT PROFESSIONAL OR JOB-RELATED LICENSES OR CERTIFICATES DO YOU HOLD? ¹				
EMPLOYMENT HISTORY				
List your employment history, starting with your current or most recent position. Note that in order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume <i>in addition to</i> completing this section. If you need additional space, please feel free to attach additional pages.				
JOB TITLE:		DATES EMPLOYED FROM: TO:		
EMPLOYER:		STARTING RATE OF PAY: \$	FINAL RATE OF PAY: \$	
ADDRESS:		PHONE NUMBER:		
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	
REASON FOR LEAVING (BE SPECIFIC):				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

¹ Exclude any information that would reveal race, color, religion, sex, sexual orientation or preference, gender identity, marital or familial status, national origin, age, mental or physical disability, veteran status, source of income, or any other similarly protected status.

EMPLOYMENT HISTORY (continued)

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	

REASON FOR LEAVING (BE SPECIFIC):

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	

REASON FOR LEAVING (BE SPECIFIC):

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	

REASON FOR LEAVING (BE SPECIFIC):

GENERAL BACKGROUND

1. ARE YOU ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. HAVE YOU EVER SUBMITTED A JOB APPLICATION TO OSPT BEFORE? <small>If "YES", provide date(s) and position(s):</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAVE YOU EVER BEEN EMPLOYED BY OSPT BEFORE? <small>If "YES", provide date(s) and position(s):</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. HAVE YOU EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT? ² <small>If "YES", provide date(s) and details:</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION) WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? ² <small>If "YES", provide date(s) and details:</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. IF REQUIRED FOR THE POSITION, DO YOU POSSESS A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LICENSE NUMBER: _____
	STATE: _____

² An answer of "YES" does not automatically disqualify you from employment.

REFERENCES

List the name and telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME:	TITLE:	RELATION:	TELEPHONE:
NAME:	TITLE:	RELATION:	TELEPHONE:
NAME:	TITLE:	RELATION:	TELEPHONE:

APPLICANT STATEMENT

Please read the following statements carefully as they constitute conditions for employment:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive are an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release Oregon State Parks Trust (OSPT) from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
5. In the event that I am employed, I agree to conform to all OSPT rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the OSPT or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the Executive Director or the Board of Trustees of OSPT may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the Executive Director or the Board of Trustees.
6. Although the Trust makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
7. I agree to protect confidential information, trade secrets, and proprietary information of OSPT, and of OSPT's donors, vendors, licensers, marketing partners, or clients entrusted to OSPT, and I will not disclose to OSPT any confidential information of others.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE	DATE
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RETURN COMPLETED APPLICATION TO:

**Oregon State Parks Trust
2100 SW River Pkwy, 4th Floor
Portland, OR 97201-8009**

FOR MORE INFORMATION:

(503) 227-0479 or www.oregonstateparkstrust.org



Preserving our natural & historic wonders.

CONFIDENTIAL INFORMATION

TO BE SEPARATED FROM APPLICATION IMMEDIATELY UPON RECEIPT

Oregon State Parks Trust (OSPT) considers all applicants for positions without regard to race, color, religion, sex, sexual orientation or preference, gender identify, marital or familial status, national origin, age, mental or physical disability, veteran status, source of income, or any other status prohibited by applicable law, consistent with business necessity and the safe performance of the job. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

We request the completion of this section by the applicant on a **voluntary** basis. This information will not be used in the evaluation of your application or in any hiring decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

TITLE OF POSITION APPLYING FOR:			SOCIAL SECURITY NUMBER:	
NAME (LAST, FIRST, MIDDLE):			DATE OF BIRTH:	
MAILING ADDRESS:			GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
			VETERAN STATUS:	
CITY:	STATE:	ZIP CODE:	VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
			DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ETHNICITY: <input type="checkbox"/> ASIAN AMERICAN. <input type="checkbox"/> BLACK/AFRICAN AMERICAN. <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER. <input type="checkbox"/> HISPANIC/LATINO. <input type="checkbox"/> WHITE (NOT OF HISPANIC/LATINO ORIGIN). <input type="checkbox"/> NATIVE AMERICAN/AMERICAN INDIAN/ALASKAN NATIVE. <input type="checkbox"/> OTHER:				
DISABLED: <input type="checkbox"/> YES <i>Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking, or working; has a record of such an impairment or is regarded as having such an impairment.</i> <input type="checkbox"/> NO				
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> OSPT WEBSITE. <input type="checkbox"/> OTHER INTERNET (SPECIFY): <input type="checkbox"/> CNRG WEBSITE. <input type="checkbox"/> NEWSPAPER AD (SPECIFY): <input type="checkbox"/> CRAIG'S LIST. <input type="checkbox"/> OSPT TRUSTEE/STAFF (SPECIFY): <input type="checkbox"/> WORD OF MOUTH. <input type="checkbox"/> OTHER:				