



Hood River Adopt A Dog
 3910 Heron Drive
 Hood River, Oregon 97031
 Phone: 541-354-1083
 Fax: 1-877-833-7166
 hoodriveradoptadog@gmail.com

HRAAD is committed to ensuring that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, national origin, age, disability, sexual orientation or veteran status

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: **N/A** Desired Salary: \$ _____

Position Applied for: _____

Can you show proof you that you are a US citizen? YES NO If not, can you show proof you are authorized to work in the U.S.? YES NO

Have you ever worked for HRAAD? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Employer: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Employer: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Employer: _____ Phone: _____
Address: _____

Previous Employment

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer:: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer:: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

EEO/Equal Employment Opportunity Employer