



# PORTLAND PARTYWORKS EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

## PERSONAL INFORMATION

Name (Last, First, MI)		Home Telephone (include area code)	
Mailing Address		Work Telephone (include area code)	
City, State, Zip		Cell Phone (include area code)	
Email Address		Pager Number (including area code)	
Emergency Contact:	Relationship:	Phone Number:	
Driver License Number	State of Issue	Social Security Number	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a misdemeanor in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you presently have charges pending against you for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "Yes" to any of the above questions, please explain below:

## EMPLOYMENT INFORMATION

Do you have the right to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position you are applying for:
Have you ever worked for PartyWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when was the last date you worked at PartyWorks?
Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you have a physical, mental or other health condition that has lasted for 6 months or more which limits the kind or amount of work you can do at a job or limits your lifting abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g. walking, seeing, hearing, breathing or learning)? <input type="checkbox"/> Yes <input type="checkbox"/> No

## WORK SCHEDULE AVAILABILITY

Check only one: <input type="checkbox"/> Full Time <input type="checkbox"/> Full or Part-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Job Share <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal Only <input type="checkbox"/> Any	
When are you available to start work?	
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Expectation: \$

## EDUCATION

	Name of school	Course of Study	# of Years Completed	Did you Graduate?
High School				
College				
Business/Trade/Technical				
Graduate				

## WORK HISTORY

### Job Number 1

Name of Employer:

Type of Business:

Employer Location (City & State):

Supervisor's Name & Phone Number:

Your Job Title:

Reason for Leaving this Position:

Start Employment Date:

Date Employment Ended:

Total Time in Position:

Hours Worked Per Week (Average):

Duties (List all duties you performed):

### Job Number 2

Name of Employer:

Type of Business:

Employer Location (City & State):

Supervisor's Name & Phone Number:

Your Job Title:

Reason for Leaving this Position:

Start Employment Date:

Date Employment Ended:

Total Time in Position:

Hours Worked Per Week (Average):

Duties (List all duties you performed):

### Job Number 3

Name of Employer:

Type of Business:

Employer Location (City & State):

Supervisor's Name & Phone Number:

Your Job Title:

Reason for Leaving this Position:

Start Employment Date:

Date Employment Ended:

Total Time in Position:

Hours Worked Per Week (Average):

Duties (List all duties you performed):

## WORK HISTORY CONTINUED

### Job Number 4

Name of Employer:	Type of Business:
Employer Location (City & State):	Supervisor's Name & Phone Number:
Your Job Title:	Reason for Leaving this Position:
Start Employment Date:	Date Employment Ended:
Total Time in Position:	Hours Worked Per Week (Average):

Duties (List all duties you performed):

## CERTIFICATION & SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for crime.

- I understand that if hired, I must prove that I am legally authorized to work in the United States
- I understand that Portland PartyWorks, Inc., is an "At Will Employer"
- I authorize Portland PartyWorks, Inc. to check employment references, and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize Portland PartyWorks, Inc., to check my driving record if the position for which I am applying requires driving.
- I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- I release Portland PartyWorks and all providers of information from any liability as a result of furnishing and receiving any information related to Portland PartyWork's hiring process

I certify that all statements contained herein are true and complete whether made by me, or others, at my request

Signature:

Date:

Thank you for your interest in working for Portland PartyWorks, Inc.  
You may fax your application to 503-557-6263 Attn: HR Department  
or  
Deliver to Portland PartyWorks, Inc., 15510 SE Piazza Ave., Clackamas, OR 97015