



EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Mission: To Inspire and educate, promote and preserve aviation and space history, and honor the patriotic service of our veterans. Evergreen Aviation & Space Museum (EASM) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. To the extent required by applicable law, EASM maintains a smoke- free workplace.

POSITION APPLYING FOR: Click or tap here to enter text. **DATE:** Click or tap to enter a date.

PERSONAL DATA

Salary expectations: Click or tap here to enter text.

Name: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
Last First Middle

Mailing Address: Click or tap here to enter text. City:Click or tap here to enter text.

State:Click or tap here to enter text. Zip Code:Click or tap here to enter text.

Telephone/Cell Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

If you are **under** 18 years of age, please specify your age: Click or tap here to enter text. (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you are not available to work?* Yes No

If yes, please explain: Click or tap here to enter text.

Are you available to work overtime, if required?* Yes No

***Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

When will you be able to start work? Click or tap here to enter text.

How did you learn of EASM? Click or tap here to enter text.

Have you ever applied or worked for EASM before? Yes No; If Yes, when?Click or tap here to enter text.

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?

Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification “Form I-9” be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

EDUCATION

Describe any educational degrees, licenses, or certifications you believe are relevant to the job applying for:

Name, City, State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received	Major	Minor
	Yes	No				
High School Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
College/University Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Technical/GED Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Licenses/Certifications/Other Click or tap here to enter text.			Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

EMPLOYMENT HISTORY

Please complete for all full-time, part-time, temporary, or seasonal employment beginning with the most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments, and provide ten (10) years of employment history (a separate sheet may be attached). Please explain any gaps in your employment history.

COMPANY NAME: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of Supervisor: Click or tap here to enter text.

May we contact? Yes No

Dates Employed: From Click or tap here to enter text. To Click or tap here to enter text.

Job Title(s) and job duties: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

EMPLOYMENT HISTORY (continued)

COMPANY NAME: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of Supervisor: Click or tap here to enter text.

May we contact? Yes No

Dates Employed: From Click or tap here to enter text. To Click or tap here to enter text.

Job Title(s) and job duties: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

COMPANY NAME: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of Supervisor: Click or tap here to enter text.

May we contact? Yes No

Dates Employed: From Click or tap here to enter text. To Click or tap here to enter text.

Job Title(s) and job duties: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

COMPANY NAME: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of Supervisor: Click or tap here to enter text.

May we contact? Yes No

Dates Employed: From Click or tap here to enter text. To Click or tap here to enter text.

Job Title(s) and job duties: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

COMPANY NAME: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name of Supervisor: Click or tap here to enter text.

May we contact? Yes No

Dates Employed: From Click or tap here to enter text. To Click or tap here to enter text.

Job Title(s) and job duties: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Have you ever been discharged or asked to resign from employment: Yes No

If yes, please explain:Click or tap here to enter text.

Did you receive any disciplinary action in your last 12 months of active employment with your previous employer? Yes No; if Yes, please explain:Click or tap here to enter text.

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of performance ratings used and what was your overall rating?Click or tap here to enter text.

PROFESSIONAL REFERENCES (please list three (3) individuals unrelated to you with whom you have worked who know your qualifications for this position).

NAME	PHONE	RELATIONSHIP
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

MILITARY SERVICE (complete only if you served in the military)

Branch of Service Click or tap here to enter text.	Number of Years/Months Served Click or tap here to enter text.
Rank at Discharge Click or tap here to enter text.	Date of Discharge Click or tap here to enter text.
Describe any military skills, training, or experience you believe are relevant to the job you are applying for:Click or tap here to enter text.	

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize Evergreen Aviation & Space Museum to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to Evergreen Aviation & Space Museum (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR EVERGREEN AVIATION & SPACE MUSEUM WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND EVERGREEN AVIATION & SPACE MUSEUM.

I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH EVERGREEN AVIATION & SPACE MUSEUM MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE EXECUTIVE DIRECTOR OF EVERGREEN AVIATION & SPACE.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize Evergreen Aviation & Space Museum to release the results of my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other, and release Evergreen Aviation & Space Museum and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant Electronic Signature: Click or tap here to enter text.
text.

Date: Click or tap here to enter text.