



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.

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## EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

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## EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with 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 voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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## EMPLOYMENT HISTORY (continued):

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

If yes, what was the range of scores used and what was your score? \_\_\_\_\_  
\_\_\_\_\_

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

NAME	ADDRESS	PHONE	RELATIONSHIP

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**MILITARY** (Complete only if you served in the military.)

Branch of Service: \_\_\_\_\_ Number of Years /Months of Service: \_\_\_\_\_

Rank at Discharge; \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job you applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

Signature (all applicants): \_\_\_\_\_

Date: \_\_\_\_\_