



## APPLICATION FOR EMPLOYMENT

**PLEASE SEND YOUR COMPLETED APPLICATION TO:**

**EMAIL:**

**[CAREERS@PACIFICSERVICECENTER.COM](mailto:CAREERS@PACIFICSERVICECENTER.COM)**

**OR MAIL TO:**

**PACIFIC SERVICE CENTER  
ATTN: HUMAN RESOURCES  
4030 NE BUFFALO STREET  
PORTLAND, OR 97211**



Employer #2: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

Employer #3: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

### **Educational History**

List school name and location, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

### **Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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### **References**

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

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I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Pacific Service Center to verify their accuracy and to obtain reference information on my work performance. I hereby release Pacific Service Center from any liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_