Eugene's Weekly Handcrafted Marketplace

Name: Last



APPLICATION FOR EMPLOYMENT

Middle

First

Please type or print all information requested. Please complete all 5 pages.

GENERAL INFORMATION

Address	City				State	Zip	
How long have you lived at this address?							
Previous Address City					State	Zip	
How long did you	live at this address?	1					
Contact Phone				Other Phone			
E-Mail Address				Are you legally entitled to work in the U.S.?			
POSITION							
Position Applied for			(Salary Desired			
Date available for work							
How did you learn of us? Do you have a specific connection to Saturday Market (family, friends, neighbors)? EDUCATION AND TRAINING							
Type Of School	Name Of School		Location		Years Completed	Major & Degree	
High School							
College (Under- grad)							
College (Grad)							
Bus. or Trade School							
Professional School							
Occupational Lice Registration	nse, Certificate or	Number		Where Issued		Exp. Date	

	N (MOST RECENT)	
Branch of Service	Date of Entry	Date of Discharge
SPECIAL SKILLS		
	ly to this position, such as computer software profic	ciency, accounting, etc
Is there anything you wish to avo	id in a new job?	
Is there anything you wish to avo	id in a new job?	
Is there anything you wish to avo	id in a new job?	
	id in a new job?	
VORK EXPERIENCE	r at least the past ten years beginning with your most	recent job held. If you were
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You	r at least the past ten years beginning with your most I may include volunteer work. Attach additional sheets	s if necessary.
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer	r at least the past ten years beginning with your most	
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	From (Month/Year)
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most I may include volunteer work. Attach additional sheets	s if necessary.
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	From (Month/Year)
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	From (Month/Year) To (Month/Year) Hours Per Week
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	From (Month/Year) To (Month/Year)
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	To (Month/Year) Hours Per Week Starting Salary
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	From (Month/Year) To (Month/Year) Hours Per Week
VORK EXPERIENCE lease list your work experience for elf-employed, give firm name. You Employer Address Job title	r at least the past ten years beginning with your most may include volunteer work. Attach additional sheets Telephone Number	To (Month/Year) Hours Per Week Starting Salary

Employer Telephone		Number	From (Month/Year)
Address	•		
Job title	ob title Number of		To (Month/Year)
Specific Duties	•		
			Hours Per Week
			Starting Salary
			Last Salary
			Supervisor
Reason for leaving (be specific)		May We Contact This Employer?	☑Yes ☑No
Employer	Telephone	Number	From (Month/Year)
Address			
Job title	Number of	Employees Supervised	To (Month/Year)
Specific Duties	<u> </u>		
			Hours Per Week
			Starting Salary
			Last Salary
			Supervisor
Reason for leaving (be specific)		May We Contact This Employer?	⊒Yes ⊒No
Employer	Telephone	Number	From (Month/Year)
Address			
Job title	Number of	Employees Supervised	To (Month/Year)
Specific Duties			
			Hours Per Week
			Starting Salary
			Last Salary
			Supervisor
Reason for leaving (be specific)		May We Contact This Employer?	☑Yes ☑No

Have you ever been convicted of a felony? ☐Yes ☐No	
If yes, please explain:	
Have you ever been terminated or asked to resign from any job? ☐Yes ☐No	
If yes, please explain:	
REFERENCES Please list three references other than relatives.	
Name	
Position	
Company	
Address	
Telephone	
E-Mail	
Name	
Position	
Company	
Address	
Telephone	
E-Mail	
Name	
Position	
Company	
Address	
Telephone	
E-Mail	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Saturday Market, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Saturday Market, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Board Chair of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

The information in this application was freely given and is, to the best of my knowledge, true and complete. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Saturday Market permission to contact schools, previous employers (unless otherwise indicated), references, and others, and authorize Saturday Market to receive any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release Saturday Market and anyone contacted by Saturday Market from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.

^{*}By typing your legal name in the signature line and dating the document you are signing this form electronically*