



# EMPLOYMENT APPLICATION

GARRETT HEMANN ROBERTSON P.C.

IF MAILED, RETURN TO:

Garrett Hemann Robertson PC  
Office Administrator  
1011 Commercial Street N.E.  
P.O. Box 749  
Salem OR 97308  
Phone: (503) 585-1501  
FAX: (503) 581-5891  
http://www.ghrlawyers.com

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Social Security Number                      Date

We do not discriminate on the basis of race, religion, national origin, color, sex, age, sexual orientation, disability, workers' compensation or veterans status or any other reason prohibited by law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

**INSTRUCTIONS** – Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. If you need more space, use the comment section at the end of this Application.

\_\_\_\_\_  
Current Address                      City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number                      Cell Phone Number                      Email Address

\_\_\_\_\_  
Mailing Address, if different                      City                      State                      Zip Code

\_\_\_\_\_  
Previous Address                      City                      State                      Zip Code

How long have you lived at your current address? \_\_\_\_\_

How long have you lived at your previous address? \_\_\_\_\_

## **Employment Interest**

For what position(s) are you applying? \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

- Are you seeking:  Full time     Part time     Temporary or summer employment?
- Are you currently employed?     Yes     No
- May we contact your current employer?     Yes     No
- When are you available to start work? \_\_\_\_\_ Expected Salary? \_\_\_\_\_
- If you are hired, can you provide proof that you are authorized to work in the United States?     Yes     No  
(The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. The proof must be provided within three business days after the date of hire.)
- Are you 18 years of age or older?     Yes     No

**Employment References**

- Please list four references that we may contact (school or work related)
- *By completing this section, you are authorizing Garrett Hemann Robertson PC to contact your references.*

Reference No. 1

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reference No. 2

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reference No. 3

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reference No. 4

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Employment History**

*Complete this section even if you are attaching a resume.*

List employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE INCLUDE MONTH AND YEAR.**

Employment #1

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Last Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Please list your job duties: \_\_\_\_\_  
Reason for leaving (be specific): \_\_\_\_\_  
May we contact this employer?  Yes  No

Employment #2

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment #2 - Continued

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Please list your job duties: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

May we contact this employer?  Yes  No

Employment #3

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Please list your job duties: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

May we contact this employer?  Yes  No

Employment #4

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Please list your job duties: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

May we contact this employer?  Yes  No

**Educational Background**

*Complete this section even if you are attaching a resume.*

Name of High School Last Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Did you earn a diploma or GED? Yes No

Undergraduate or Graduate School (List Most Recent First) Are you currently enrolled? Yes No

Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name of College or University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ to \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name of College or University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ to \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**General Information**

- Have you ever been employed by Garrett Hemann Robertson PC?  Yes  No When? \_\_\_\_\_
- If previously employed at Garrett Hemann Robertson, what name did you use? \_\_\_\_\_
- Do you have any relatives employed at Garrett Hemann Robertson PC?  Yes  No  
If so, please state their name, relationship and position: \_\_\_\_\_
- Have you ever been convicted of a crime?  Yes  No  
If yes, give particulars: \_\_\_\_\_
- Have you or your family been represented by the Firm or adverse to a client of the Firm?  Yes  No  
If yes, give particulars: \_\_\_\_\_

**Professional Organizations/Memberships/Honors**

Organization Name: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Position/Duties/Honors: \_\_\_\_\_

Organization Name: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Position/Duties/Honors: \_\_\_\_\_

Organization Name: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Position/Duties/Honors: \_\_\_\_\_

**Please Read, Initial Each Statement, and Sign Your Name**

1. If I am employed by Garrett Hemann Robertson PC, I will comply with all employment-related policies and requirements set forth by the Firm. *Initial:* \_\_\_\_\_
  
2. I understand that all the answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresentation or omission of information may be grounds for denial of employment or discharge if hired. *Initial:* \_\_\_\_\_
  
3. I certify that all the answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresentation or omission of information may be grounds for denial of employment or discharge if hired. *Initial:* \_\_\_\_\_
  
4. I understand that if hired, unless Garrett Hemann Robertson PC and I agree to the contrary, I will be an at-will employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause by me or by the Firm. *Initial:* \_\_\_\_\_
  
5. I hereby acknowledge that I have read and understand the above statements. I voluntarily give Garrett Hemann Robertson PC permission to confirm by personal inquiry, or otherwise, information provided in this application. I release Garrett Hemann Robertson PC from all liability or responsibility and all persons, companies, or corporations providing information to Garrett Hemann Robertson PC about me. *Initial:* \_\_\_\_\_

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Applicant's Signature

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Date