

Job Application

Submit completed applications and resumes via email or fax

Email: careers@campopoole.com Phone: (541) 889-3128

Fax: (541) 881-1465

87 SE 7th Ave, PO Box 309 Ontario, OR

Personal Information							
Last	First	МІ	Email				
Street Address	City	ST	Zip	Home Phone	Mobile Phone		
Are you entitled to work in the United	States? Yes No	Are you 18 or c	older? Yes No				
Military Service? Yes No	Branch	Are you a veter	ran? Yes No				
What position are you applying for?		How did you hea	How did you hear about this position?				
Expected Hourly Rate	Expected Weekly Earnings	Date Available					

Prior Work Experience

	Current or Most Recent		Prior			Prior	
Employer							
Address							
City, ST, ZIP							
Telephone							
Name of Immediate Supervisor							
Dates of Employment	From	То	From	То		From	То
Position/Job Title							
Pay							
Reason for Leaving							
May We Contact	Yes	No		Yes	No	Yes	No

Education

	Name/Location	Last Year Complete		Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I		
understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also	Signature	Date
provide consent for former employers to be contacted regarding work records.		
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