



Please email, mail, or fax to:

**office@menucha.org**

**Menucha Retreat and Conference Center  
PO Box 8  
Corbett, Oregon 97019**

Office: 503-695-2243

Fax: 503-695-2223

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## APPLICATION FOR EMPLOYMENT

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### Personal Information

Date of application \_\_\_\_\_

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

Current Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Are you over the age of 18? \_\_\_\_\_

Email Address \_\_\_\_\_ Referred by \_\_\_\_\_

YES  NO Are you legally authorized to work in the United States of America?

### Employment Desired

Date you can start \_\_\_\_\_ Desired Wage \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Name of current employer \_\_\_\_\_

Position Desired \_\_\_\_\_ Have you applied to Menucha before? \_\_\_\_\_

Can you perform all of the specific duties of the job? \_\_\_\_\_

EDUCATION	Name and Address of School	Years Completed	Did you graduate?	Subjects studied & Degrees received
High School				
College				
Trade, Business, Correspondence, Graduate School				

## Former Employers

Please list below your last four employers, beginning with the most recent. Please include work dates (month and year), name of the employer, the position you held, the wage you earned, and your reason for leaving.

Employer City/State Phone number	Dates of Employment (Month/Year)		Job Title	Wage	Reason you left this job Supervisor's name May we contact?
	Start	End			

## References

Please give three persons, not related to you, whom you have known at least two years. List at least one professional or academic reference (previous employer, manager, teacher, coach, co-worker). Please include their name, city and state, phone number and the number of years of acquaintance. By listing these names, you grant an authorized representative of Menucha the right to contact these people to ascertain your fitness for any position for which you might be considered.

Name of Reference Relationship to you	City/State	Phone Number	Years you have been acquainted with them

**Resume:** If you have a current resume, please include it with this application.

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts asked for is cause for dismissal. Further, I understand and agree that my employment would be for no definite period, that my work would be on a part-time, as-needed basis, that I am not promised any particular amount of work, and that regardless of the date of payment of my wages, I may be terminated at any time without previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_