

*Company name here

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL					
PLEASE PRINT USING BALLPOINT PEN					
FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG TELEPHONE #
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE:			DRIVERS LICENSE NUMBER / STATE		OTHER NAMES USED NOW OR IN THE PAST
IF NO PHONE, HOW MAY WE CONTACT YOU?					
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY ? <input type="checkbox"/> YES <input type="checkbox"/> NO (A yes answer will not necessarily eliminate you from consideration for employment.)					
IF YES, NAME OF RELATIVE RELATIONSHIP WHICH LOCATION					
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, WHERE? APPROXIMATE DATE: MO./YR. REASON FOR LEAVING:					
HOW WERE YOU REFERRED TO THE COMPANY?					

GENERAL INFORMATION							
WHY DO YOU WANT THIS JOB AND HOW DOES IT FIT IN WITH YOUR FUTURE PLANS?							
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB (S) YOU ARE APPLYING FOR? (PLEASE SEE JOB DESCRIPTION)							
EXPECTED WAGE?	DATE AVAILABLE FOR WORK?	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVER TIME					
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO						ARE YOU AVAILABLE TO TRAVEL?	
PLEASE CHECK PREFERRED SCHEDULE:							
A. <input type="checkbox"/> I am available and desire to work FULL-TIME, and do not have restrictions on my hours and days. (Complete Section B.)							
<input type="checkbox"/> I am available and desire PART-TIME work. (If less than 30 hours a week, please complete sections A & B.)							
<input type="checkbox"/> I am only available for PART-TIME work because:							
<input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____							
B. Hours Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
"X" if no restrictions							
I am available to work from:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YR. ATTENDED	GRADUATED	DEGREE
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES NO
 IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

I EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

II EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

III EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

IV EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF TERMINATION?

NO YES IF YES, PLEASE EXPLAIN:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment.

BUSINESS OR PERSONAL REFERENCES

LIST PERSONS WHO HAVE INFORMATION CONCERNING YOUR WORK HISTORY

NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE
CITY AND STATE	HOW LONG KNOWN	
NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE
CITY AND STATE	HOW LONG KNOWN	

SUPPLEMENTAL INFORMATION

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

YES NO

EQUAL EMPLOYMENT OPPORTUNITY

The company is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, marital status, veteran status, workers' compensation, disability, or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

Have you pled guilty to or been convicted of a felony (excluding expunged juvenile felons)? If yes, please explain. If more room is needed, please give details on a separate sheet of paper. (A conviction may not necessarily bar you from employment with this company.) YES NO

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

I understand the following: That the employer may elect to engage an investigative consumer reporting agency to report on my credit and personal history; that if such decision is made, the company will provide me with further required information; and that my signature on this application gives the employer authority to engage such an agency.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. YES NO

I understand that my employment may be subject to the satisfactory results of any examination required by the company, including a mandatory urine test to detect drug usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. **I recognize that my employment is at will and may be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President.** YES NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between

***Company name here**

or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President. YES NO

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons or organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. **If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.** YES NO

Signature of this application gives the employer authority to obtain a criminal record background report from The State of Oregon.

DATE

SIGNATURE OF APPLICANT

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the following former employers:

Company Name: _____

Company Name: _____

Company Name: _____

to release information to prospective employers (including anyone claiming to be a prospective employer) regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment;
2. Position held when started and left;
3. The quality of my work;
4. The quantity of my work;
5. My attendance habits (excluding workers' compensation, pregnancy, and other protected absences);
6. My relationship with co-workers and supervisors;
7. My attitude toward work (cooperative? positive? etc.);
8. Reason for leaving;
9. Eligibility for rehire;
10. Strong points;
11. Weak points;
12. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others;
13. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Print Name

Signature

Date