



Phone: (541) 689-3850
 Fax: (541) 689-3915

PO Box 11735 1719 Irving Rd.
 Eugene, OR 97440 Eugene, OR 97402

POSITION APPLYING FOR: _____

| | | | | | |
|--|--|--|-------|--|-----------------|
| Last Name: | | First Name: | | Middle Name: | Date: |
| Social Security #: (optional) | | Phone: | | Alternate Phone: | Date Available: |
| U.S. Citizen ___ yes ___ no | | Do you have a legal right to work in this country? ___ yes ___ no | | If so, can you provide a visa, labor certificate and/or a work permit? ___ yes ___ no | |
| Applied for Citizenship? ___yes ___no | | | | | |
| Current Address: | | Street | State | Zip Code | |
| Former Address: (If less than 1 year) | | Street | State | Zip Code | |

Educational Background

| | | | |
|---|---|--------------------------------|-----------------------------|
| High School: | City/State: | Graduated/GED? ___yes ___no | Degree/Certification/Major: |
| College: | City/State: | Graduated/GED? ___yes ___no | Degree/Certification/Major: |
| Other: | City/State: | Graduated/GED? ___yes ___no | Degree/Certification/Major: |
| Vocational (including military service): | | | |
| CDL License: ___Yes ___No | Licenses, Certificates, Special Skills: | | |
| Do you own your own tools that you can bring to the job? ___ Yes ___ No | | | |
| List: | | | |

Record of Employment (Three Most Recent Employers, Most Recent First)

| Employer | | Employment Dates | Salary | Position |
|-------------------------------------|-------------|------------------|--------------------------------|----------|
| Name: | | Start: | Start: | Start: |
| Address: Street City State Zip Code | | End: | End: | End: |
| Phone: | Supervisor: | | May we contact? ___ yes ___ no | |
| Skills/Duties: | | | | |
| Reason for leaving: | | | | |
| Employer | | Employment Dates | Salary | Position |
| Name: | | Start: | Start: | Start: |
| Address: Street City State Zip Code | | End: | End: | End: |
| Phone: | Supervisor: | | May we contact? ___ yes ___ no | |
| Skills/Duties: | | | | |
| Reason for leaving: | | | | |

| Employer | | | | | Employment Dates | Salary | Position |
|-------------------------------------|--|--|--|-------------|------------------|--------------------------------|----------|
| Name: | | | | | Start: | Start: | Start: |
| Address: Street City State Zip Code | | | | | End: | End: | End: |
| Phone: | | | | Supervisor: | | May we contact? ___ yes ___ no | |
| Skills/Duties: | | | | | | | |
| Reason for leaving: | | | | | | | |

Briefly explain why you think you would make a good employee:

In case of emergency, notify: _____ Phone: _____

Please Read Completely and Carefully Before Signing

Physical Information:
Some of our jobs may have specific physical requirements. If you are applying for such a position, our personnel staff will ask you about your ability to perform certain job functions and may ask you to perform such functions. After a conditional job offer has been made, you may be required to complete a medical history questionnaire to provide information that we believe to be relevant to your ability to perform the job being offered.

Equal Opportunity Employer:
This firm is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status.

Interviews:
Interviews and hiring are on a competitive basis, using job-related factors after a written application has been received. Because an application has been received, it does not necessarily mean an interview will be granted.

Termination - Permission to Acquire Information:
If employed, I agree to conform to this firm's rules and regulations as set forth now or hereafter in any of their operations and policy manuals and other communications. I understand non-conformity is grounds for dismissal.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. Permission, unless indicated to the contrary, is granted to confirm by personal inquiry or such other necessary means the information as set forth herein. Any information so obtained shall remain confidential.

I understand that the Immigration Reform and Control Act may require me to prove the legality of my residency or citizenship and that failure to do so may cause the termination of my employment, with or without notice to me. I further understand and agree that, at any time, my employment and compensation can be terminated, with or without cause, and without notice, at the option of my employer.

Applicant's Signature: _____ Date: _____

Affirmative Action

This information is optional. If provided, it will be used in our affirmative action program. This information may not be used to discriminate against you.

Hispanic _____ Black _____ Alaskan Native _____
White _____ Asian _____ Vietnam Veteran _____

For Company's use only:
