



921 INTERNATIONAL WAY
SPRINGFIELD, OR 97477

JOB APPLICATION

Please Print All Information

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Numbers: _____ Social Security Number: _____

Email Address: _____

Position Applied For: _____

Shifts willing to work: (check all that apply)

Days

Nights

Anytime

Salary or Hourly Rate expected: _____ week hour (circle one)

Have you ever been employed by us before? Yes No

If Yes, Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 Years or older? Yes No

Are you legally eligible to work in the U.S.?
(Proof of citizenship or immigration status is required upon employment.) Yes No

You are available to work: Full Time Part Time Temporary

Date you can begin work: _____

Are you willing to work evenings: yes or no

Are you willing to work weekends: yes or no

Do you have reliable transportation: yes or no

EDUCATION

| School Address | Credits Earned | Major | Diploma/Degree |
|------------------|----------------|-------|----------------|
| High School: | | | |
| College: | | | |
| Technical/Other: | | | |

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

| Name and Address of Company and Type of Business | From | | To | | Describe in detail work you did and your title | Weekly Start Salary or Hourly Rate | Weekly End Salary or Hourly Rate | Reason for Leaving | Name, Title and Phone Number of Your Supervisor |
|--|------|----|----|----|--|------------------------------------|----------------------------------|--------------------|---|
| | MO | YR | MO | YR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

PERSONAL REFERENCES:

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____



APPLICANT WAIVER

(All job applicants must sign to be considered for employment and submit with application form)

I certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

Applicant Signature: _____ **Date:** _____

Please PRINT clearly: Position applied for: _____

Name: _____
 First Middle Last