

# OregonDoor

## APPLICATION for EMPLOYMENT

LAST NAME:		FIRST NAME:		MI:
MAILING ADDRESS:			CITY:	STATE: ZIP CODE:
STREET ADDRESS (IF DIFFERENT):			CITY:	STATE: ZIP CODE:
LANGUAGES SPOKEN:		CONTACT PHONE:	CELL/MESSAGE PHONE:	
EMAIL ADDRESS:		EMERGENCY CONTACT NAME:	PHONE:	
CAN YOU READ A TAPE MEASURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AVAILABLE TO WORK ANY SHIFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
AVAILABLE TO WORK OVERTIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AT LEAST 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELIGIBLE TO WORK IN U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVER APPLIED BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE DATE:		CONSISTENT TRANSPORTATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION DESIRED:		DESIRED WAGE:		
<input type="checkbox"/> AVAILABLE LONG TERM	<input type="checkbox"/> AVAILABLE SHORT TERM	<input type="checkbox"/> TEMP TO REGULAR POSITION		
DAYS AVAILABLE: MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		SHIFTS: DAYS <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE <input type="checkbox"/>		
HOURS PREFERRED:		DATE AVAILABLE:		

### EMPLOYMENT HISTORY

LAST EMPLOYER:		TITLE:	
ADDRESS:		DUTIES:	
CITY:		STATE:	ZIP:
SUPERVISOR(S):		MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE:		DATES:	FROM _____ TO _____
REASON FOR LEAVING:			
EMPLOYER (2)		TITLE:	
ADDRESS:		DUTIES:	
CITY:		STATE:	ZIP:
SUPERVISOR(S):		MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE:		DATES:	FROM _____ TO _____
REASON FOR LEAVING:			
EMPLOYER (3)		TITLE:	
ADDRESS:		DUTIES:	
CITY:		STATE:	ZIP:
SUPERVISOR(S):		MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE:		DATES:	FROM _____ TO _____
REASON FOR LEAVING:			

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## JOB SKILLS

List relevant job skills as they relate to the position you are applying for:

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## EDUCATION

	Institution	City, State	Field Of Study
<input type="checkbox"/> High School Grad			
<input type="checkbox"/> Trade School			
<input type="checkbox"/> GED			
<input type="checkbox"/> AA/AS Degree			
<input type="checkbox"/> BA/BS Degree			
<input type="checkbox"/> Masters			
<input type="checkbox"/> Ph.D.			

## ALCOHOL and DRUG POLICY STATEMENT

Concerns about employees' safety and health have always been and continues to be a major commitment of the Company. The Company expects all employees to assist in maintaining a workplace free from alcohol and drugs.

## POLICY

If hired, you will be subject to Company policies, including the Company's Drug and Alcohol Policy. Under the Company's Drug and Alcohol Policy, employees are prohibited from buying, selling, giving, receiving, possession or use of, or impairment from illegal drugs, while on Company premises, during work hours or meal breaks. This includes behavior-altering substances that could influence job performance. Impairment from or use of alcohol while on Company premises or during work hours is not permitted. Employees are expected to be in suitable mental and physical condition at work, free from all influences of alcohol and drugs.

Similarly, an employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others must notify their Human Resources Representative of such use immediately before starting or resuming work.

## MEDICAL EVALUATIONS, SCREENING AND TESTING

I understand that the Company may require me to submit to a test for the presence of drugs in my system prior to employment and for drugs and/or alcohol at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the results of a physical examination and/or background check. I consent to the disclosure of the results of any physical examination and related tests to the Company, and I agree to execute all required authorizations for a background check.

## ACKNOWLEDGEMENT AND AGREEMENT

I understand that nothing contained in this employment application creates a contract between the Company and myself for employment of any other benefit. No promises regarding employment have been made to me and

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I understand that no such promise or guarantee is binding upon the Company. If an employment relationship is established, I understand that my employment is at-will and may be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself.

I further understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and any such agreement must be in writing and signed by the President. I understand that I am required to abide by all the rules and regulations of the Company.

I understand that the Company may require me to submit to a test for the presence of drugs in my system prior to employment and/or for drugs and/or alcohol at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and/or background check. I consent to the disclosure of the results of any physical examination and related tests to the Company, and I agree to execute all required authorizations for a background check.

I hereby state that all the information that I have provided on this application or any other documents submitted in connection with my employment, and in any interviews, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

## **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

We are committed to providing equal employment opportunities to all employees and applicants without regard to race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists), ethnicity, religion, color, sex (including childbirth, breastfeeding and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_