

An Equal Opportunity Employer ~ Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic information, marital status, veteran status, disability status or any other legally protected status.

PERSONAL INFORMATION

Name _____
Last First Middle

Other name(s) worked under _____

Address _____
Number and Street

City State Zip code

Telephone (____) _____ - _____ OR (____) _____ - _____

ARE YOU:

- YES NO -- Over age 18? If no, do you have a work permit? _____
- YES NO -- Currently Employed?
- YES NO -- A previous applicant? What position? _____
- YES NO -- A previous employee? What position? _____
- YES NO -- Legally able to work in the U.S.? (Proof of citizenship or immigration status is required upon employment.)
- YES NO -- Capable of performing the duties of the position(s) applied for with or without reasonable accommodation? Comments: _____

Have you **ever** been convicted of any crime (misdemeanor or greater), other than minor traffic violations? (**DUI is not a minor traffic violation**) YES NO If yes, Describe in detail:

NOTE: ELIMINATION OR FALSIFICATION OF CRIMINAL INFORMATION WILL DISQUALIFY YOU FROM CONSIDERATION. An affirmative response will not automatically disqualify you from consideration.

POSITION

Date Available _____ Position(s) applied for: _____

Are you willing to work at these locations?

- 9700 SE Lawnfield Rd., **Clackamas, OR** 97015 YES NO
- 3515 SE Columbia Way Bldg 48, **Vancouver, WA** 98661 YES NO
- 5555 N Channel Ave, **Portland, OR** 97217 YES NO

Can you travel if a job requires it? YES NO

Are you on "lay-off" status and subject to recall? YES NO

Will you work: Overtime? YES NO All shifts? YES NO Any Day? YES NO

If answered NO please explain: _____

How did you learn about us? Newspaper Walk-In Relative Other

Friend _____ Employment Agency (Name) _____

Substance Abuse and Background Screening Required of All Applicants Being Considered for Employment

EDUCATION	Name and Location	Years Completed	Major Course	Diploma/Degree
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____

Describe any specialized training, apprenticeship, skills, etc.

EMPLOYMENT HISTORY – List all jobs for at least the last 10 years. If there is a break in your employment, please include an explanation. Use extra paper if needed.

May we contact your present employer? [] Yes [] No

Employer _____ From _____ To _____
 Address/City/State _____ Phone _____
 Starting Pay _____ Ending Pay _____ Supervisor _____
 Job Title _____ Main Duties _____

Why did you leave? _____

Employer _____ From _____ To _____
 Address/City/State _____ Phone _____
 Starting Pay _____ Ending Pay _____ Supervisor _____
 Job Title _____ Main Duties _____

Why did you leave? _____

Employer _____ From _____ To _____
 Address/City/State _____ Phone _____
 Starting Pay _____ Ending Pay _____ Supervisor _____
 Job Title _____ Main Duties _____

Why did you leave? _____

Are there any other experiences, skills or qualifications that especially fit the position for which you are applying? _____

CERTIFICATION OF APPLICANT (Read carefully before signing). All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection, or if employed, may result in dismissal. I authorize any former employer (or person(s)) listed on this form to answer any questions and agree to hold all persons harmless for giving information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. I further understand, in the event I am employed, my employment shall be voluntary and may be terminated at will at any time upon notice by either myself or the company. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant _____ Date _____

Printed Name: _____

VOLUNTARY APPLICANT IDENTIFICATION AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name: _____ Phone: _____

Address: _____

Position applied for: _____

Federal law requires that you have the opportunity to voluntarily provide this information if you choose to:

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future. If you decline, it will not subject you to adverse treatment.

1. GENDER: _____ Male _____ Female
2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)
 - a. Hispanic or Latino? () Yes () No
 If you selected "No", please also consider volunteering the following:
 - b. Racial Background - Non-Hispanic:
 - () White/Caucasian, Non-Hispanic or Latino
 - () Black or African American, Non-Hispanic or Latino
 - () Asian, Asian American Non-Hispanic or Latino
 - () Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino
 - () American Indian/Alaska Native, Non-Hispanic or Latino
 - () 2 or more races, Non-Hispanic or Latino
3. VETERAN STATUS
 - () Disabled Veteran - Entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or discharged or released from active duty because of a service-connected disability.
 - () Other Protected Veteran - Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
 - () Recently Separated Veteran - Active duty ended within the past: _____ 1 year _____ 3 years
 - () Armed Forces Service Medal Veteran - Participated in a US military operation for which an Armed Forces Service Medal was awarded.
 - () Veteran of the Vietnam Era - served over 180 days active duty, and discharged or released with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975.
4. DISABILITY STATUS
 - () Disabled - If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind (OFCCP recommended language).

____ I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____ **Date:** _____