



**OREGON
INDUSTRIAL
REPAIR, INC.**

Machining ■ Welding ■ Repair
Engineering ■ Design ■ Roll Covers

1885 16th St. S.E., P.O. Box 1053, Salem, OR 97308
(503) 399-1926 ~ 24 Hrs.

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL

NAME _____

ADDRESS _____

TELEPHONE (_____) _____

DATE AVAILABLE FOR EMPLOYMENT: _____

If employed and under 18, can you furnish a work permit? [] YES [] NO

Have you ever been employed with this company? [] YES [] NO

Are you employed now? [] YES [] NO

May we contact your current employer? [] YES [] NO

If yes, contact information: _____

Are you prevented from lawfully becoming employed in this country
because of Visa or Immigration status? [] YES [] NO

Type of work desired: _____

Wages desired: _____

Do you have a valid driver's license in this state? [] YES [] NO License No. _____

Can you perform the essential functions of the job in which you are applying for? [] YES [] NO

Are you available to work [] FULL-TIME [] PART-TIME [] OVER-TIME

Have you been convicted of a felony? [] YES [] NO

(Please note that a "YES" answer will not bar you from consideration for employment.)

If YES, please explain: _____

This Company is an equal employment opportunity employer. All applications will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experiences, employment or other activities related to the job you are seeking:

REFERENCES

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

	<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List the last 4 jobs in order. Do not omit any job.

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____
Employed: from ___ mo/yr to ___ mo/yr Telephone No. _____

Your Salary (hourly): Starting/Ending _____ Duties _____

What did you like most about your job?

What did you like least about your job?

Reason for leaving: _____

Employer

Supervisor's Name

Address

Your Job Position

Employed: from ___ mo/yr to ___ mo/yr Telephone No. _____

Your Salary (hourly): Starting/Ending

Duties

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Employer

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Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving: _____

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 BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can 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 individual employment agreement.

YES NO

I also understand that no representative of the Company has any authorization to enter into any employment agreement for any specified period of time, or to assure me of any future positions, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid only ninety (90) days from the date signed. If applicant wants to be considered for job openings more than ninety (90) days from the date signed, a new application must be submitted.