

P.O. Box 129 - Canby, OR 97013 + Phone: 503-266-5290 + Fax: 503-266-7700 + canbydrywall@canby.com + CCB #68588

APPLICATION FOR EMPLOYMENT

This application is active for $\underline{90}$ days.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Today's Date	Employment status sought(circle one): Full-time Part-time		Temporary	Seasonal		
Job Applied For	Whe	en are you available for	employment?	·		
		PERSONAL DATA	l			
Name:		Telephone Nu	umber:			
Address:						
Are you at least 18 years o	of age? Yes	No Have you eve	r applied here	e before? Yes	s No Wh	en?
Were you ever employed I	here? Yes	No When? Are y	ou eligible to	work in the U	Inited States?	Yes No
Do you have any commitm If yes, please explain	•			• •	employment he	ere? Yes No
		EDUCATION				
Name, Address and Locatio	n of School					
Highest Grade Completed _		Did you graduate?				
(QUALIFICATI	ONS & SPECIAL S	KILLS			
For Driving Jobs Only: Do y						

Driver's License Number _____ State _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s).

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Employer		Address	Phone				
Supervisor			Position Held				
Dates Employed		Reason for Leaving					
	REFERENCES						
		Give three references, not relatives or former employers.					
<u>Name</u>	Address	Phone	Yrs. Acquainted	Occupation			

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.