



Employment Application

EQUAL OPPORTUNITY EMPLOYER

- Please type or print clearly and provide all information requested -

Human Resources Department
 18055 NE San Rafael Street
 P.O. Box 301279 Portland, OR. 97294
 503-465-3205 FAX

NAME LAST FIRST MIDDLE				EXACT TITLE OF POSITION APPLYING FOR:	
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NUMBER HOME () BUSINESS ()		CELL () EMAIL		If you are not a U.S. citizen, do you have a work permit from the U.S. Immigration and Naturalization Service? <input type="checkbox"/> NO <input type="checkbox"/> YES	
DRIVER'S LICENSE #		CLASS A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		EXPIRATION DATE	

EXPERIENCE: LIST ALL POSITIONS YOU HAVE HELD OVER THE LAST TEN YEARS. LIST YOUR PRESENT OR MOST RECENT POSITION FIRST.

HIRE DATE		To		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	TOTAL TIME	YEARS	MONTHS
NAME OF EMPLOYER			TELEPHONE ()			NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER								
EXACT TITLE OF POSITION			SALARY			NUMBER SUPERVISED		
REASON FOR SEEKING OTHER EMPLOYMENT						TYPE OF BUSINESS		
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:								

HIRE DATE		To		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	TOTAL TIME	YEARS	MONTHS
NAME OF EMPLOYER			TELEPHONE ()			NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER								
EXACT TITLE OF POSITION			SALARY			NUMBER SUPERVISED		
REASON FOR SEEKING OTHER EMPLOYMENT						TYPE OF BUSINESS		
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:								

HIRE DATE		To		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	TOTAL TIME	YEARS	MONTHS
NAME OF EMPLOYER			TELEPHONE ()			NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER								
EXACT TITLE OF POSITION			SALARY			NUMBER SUPERVISED		
REASON FOR SEEKING OTHER EMPLOYMENT						TYPE OF BUSINESS		
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:								

CHECK HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 G.E.D. COLLEGE 1 2 3 4 +

COLLEGE / UNIVERSITY / TRADE SCHOOL ATTENDED MAJOR FROM TO DEGREE DATE

EMPLOYMENT

APPLICATION

Are you related to any employee of EWCO? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, name of employee:	Relationship:	Department:
Have you ever served in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, Branch:	Discharge Date:	Type of Discharge:
Have you ever been convicted of any charges, other than minor traffic citations? Note: This question seeks information on any conviction from any point in your life (this includes conviction as a minor) even if the conviction was removed from your record. Failure to accurately respond to this question will result in either your rejection or dismissal. Applicants should verify their legal obligation to report certain convictions as specified by Labor code Section 432.8		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, either explain below or attach a detailed explanation.		
Have you ever been discharged or forced to resign from a position?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, either explain below or attach a detailed explanation.		
May we contact your present and past employers regarding your qualifications, work performance and character?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, either explain below or attach a detailed explanation.		
For part-time position, hours available to work: Clerical skills, if applicable to position applied for: TYPING SPEED NWPM		
List any licenses or professional certificates, which are applicable to this position, or additional information regarding your qualifications such as volunteer work, etc.		
<p>I certify that all statements made in this Application are true and complete and I authorize investigation of all matters contained herein. I agree and understand that any misrepresentation or omission of a matter is justification for rejection of my Application, refusal of employment, removal of my name from an Employment List, and/or dismissal from employment with EWCO Services. I agree to undergo a job-related physical examination by a physician and authorize the release of examination results to EWCO Services. I fully understand that employment is contingent upon receiving satisfactory results from a background investigation, physical examination (which includes a drug/alcohol screening and a psychological examination, when appropriate), performance and/or skills test, and an administrative review. I further agree to be fingerprinted and to furnish proof of age and employment eligibility. I also authorize all references contacted, including employers, schools, and persons named within, to provide information regarding my qualifications, work performance and character, including access and review of my Personnel file.</p>		
SIGNATURE (Type Name Here) _____		DATE _____
<i>BE SURE ALL INFORMATION HAS BEEN NOTED. AN INCOMPLETE APPLICATION MAY RESULT IN AUTOMATIC DISQUALIFICATION.</i> Email to: info@ewco.com		
How did you first learn of this employment opportunity? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Name: _____		
<input type="checkbox"/> Newspaper or Bulletin	Name of publication	
<input type="checkbox"/> Posted Announcement. If so, where?		
<input type="checkbox"/> Internet Website address:		

Thank You!