

Employment Application

PERSONAL INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address City State ZIP Code

Is this a permanent address? YES NO If no, please list permanent address below.

Permanent Address: _____
Street Address City State ZIP Code

Phone: _____ Email: _____

Referred By: _____ Social Security No.: _____

EMPLOYMENT DESIRED

Position Applying for: _____

Date Available: _____ Salary Desired: \$ _____

Are you currently employed? YES NO If so, may we contact your employer? YES NO

Have you ever applied to this company before? YES NO If yes, where? _____ when? _____

EDUCATION HISTORY

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

PREVIOUS EMPLOYMENT (List most recent job first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Oregon Truss Co. Inc. is a drug free employer. As a part of the hiring process all individuals must submit to and pass a test for controlled substances defined as alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis.

Twenty-four (24) hours after the final interview for employment and as a condition of employment, this test must be completed and passed.

If you wish to complete this application process you must consent to such testing by completely filling out and signing this employment application.

OFFER OF EMPLOYMENT CONSENT FORM

Employee Consents,

I do hereby freely agree, consent and permit Oregon Truss Co., Inc. to arrange for a laboratory test on a specimen provided by me to determine the presence of controlled substances. I recognize, understand and agree that the results of an analysis of such specimen will be reported to Oregon Truss Co., Inc. and will be used to determine suitability for employment.

I further recognize and understand the testing may detect the presence of controlled substances which may be properly taken pursuant to a doctor's prescription. Therefore, I acknowledge that it is important for the testing facility to know of all such substances, and that it is my sole responsibility to provide written medical reasons for and the nature of such medications if requested.

I hereby certify that I understand and agree to pay for the test and I understand that I will be reimbursed for the actual cost of the test upon completion of my first full day of employment with Oregon Truss Co., Inc. I further agree to hold Oregon Truss Co., Inc. and its representatives harmless of any liability whatsoever which may arise from any legitimate internal use of information gained from the tests, whether known or unknown, suspected or unsuspected. I understand that Oregon Truss Co., Inc. shall take reasonable precautions to protect the confidentiality of such information.

NOTICE BEFORE ORDERING MOTOR VEHICLE REPORT

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding Motor Vehicle Reports and places certain obligations on employers using this information.

Consistent with the FCRA's requirements, this notice is provided to inform you that Oregon Truss Co., Inc., for the purpose of determining Certified Driver Status, will obtain your driving record information from the Department of Motor Vehicles.

Oregon Truss Co., Inc. will not obtain this report without your signature below authorizing us to do so.

AUTHORIZATION TO OBTAIN DRIVING RECORD INFORMATION

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Oregon Truss Co., Inc. to obtain this report for the purposes as outlined above.

By signing below, this certifies that I have read, understand and agree to all statements listed above.

Name (Please Print)

Date

Signature

