Mid Oregon PERSONNEL

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE:_____

LAST NAME	FIRST NAME	MIDDLE NAME	EMAIL ADDRESS

STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER

MILITARY SERVICE		HONORABLE?	RANK	BRANCH	OCCUPATION
DATE ENTERED	DATE SEPARATED	☐ YES ☐ NO			

HIGHEST LEVEL OF EDUCATION	NAME & LOCATION OF HIGH SCHOOL	GRADUATED
		☐ YES ☐ NO ☐ GED

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED		FIELDS OF STUDY/ TITLES OF SPECIAL COURSES	HOURS COMPLETED		DID YOU GRADUATE?	CERTIFICATE DEGREE
NAME & LOCATION	FULL TIME/PART TIME	LIST YOUR MINOR AND MAJOR	SEMESTER	QUARTER	☐ YES ☐ NO	
NAME & LOCATION	FULL TIME/PART TIME	LIST YOUR MINOR AND MAJOR	SEMESTER	QUARTER	☐ YES ☐ NO	
NAME & LOCATION	FULL TIME/PART TIME	LIST YOUR MINOR AND MAJOR	SEMESTER	QUARTER	☐ YES ☐ NO	

Please provide the **last four digits** of your Social Security Number: _____

Will you be able to provide proof of Citizenship *or* an alien registration number and visa permitting work in this country? ☐ YES ☐

I hereby authorize you to consult and obtain information from any employer I am working or have worked for: ☐ YES ☐ NO

PROFESSIONAL (WORK) REFERENCES

All three references, name and phone number, are required. Email is preferred but not required. References will be verified.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

EMPLOYMENT DESIRED

1. Positions Desired (preference order): 1. _____ 2. _____ 3. _____

2. Are you seeking Regular Employment?: ☐ YES ☐ NO Part-time Employment?: ☐ YES ☐ NO

3. If seeking temporary employment only, when would you expect to terminate? _____

4. Date you can start: _____

5. Salary/Wage desired: _____

6. Are you willing to accept odd (nights, graveyard or weekend) or rotating shifts? ☐ YES ☐ NO

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

EMPLOYMENT HISTORY PLEASE LIST YOUR EMPLOYERS STARTING WITH YOUR MOST RECENT POSITION.

START DATE	END DATE	NAME & LOCATION OF COMPANY	COMPANY PHONE NUMBER
REASON FOR LEAVING			IMMEDIATE SUPERVISOR
DUTIES PERFORMED			
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REASON FOR LEAVING			IMMEDIATE SUPERVISOR
DUTIES PERFORMED			
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START DATE	END DATE	NAME & LOCATION OF COMPANY	COMPANY PHONE NUMBER
REASON FOR LEAVING			IMMEDIATE SUPERVISOR
DUTIES PERFORMED			

SPECIAL SKILLS (LIST HERE):

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I authorize the investigation of all matters which PSI deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize PSI to request, receive and share with any agent or client employer such information and I release from all liability any persons, such as but not limited to, supervisors or employers supplying it. I also release PSI and any of its agents or client employers from all liability which might result from making the investigations.

If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. If offered employment, I am also willing to take a physical examination and authorize the doctor or doctors involved to disclose to the prospective employer here and any of its agents or client employers the results of that examination. I agree to comply with the employer's substance abuse program, including drug testing as may be required.

If employed, I agree to conform to the rules of this company, and hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the option of either myself or the company. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

PLEASE REVIEW APPLICATION FOR COMPLETION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

By this application and my signature, I authorize you to check the validity of my social secuirty number and other pertinent identification: **Initial here:** ____________

DATE: ______________________ APPLICANT'S SIGNATURE: ______________________