

Job Application

**PLEASE COMPLETE THE FOLLOWING INFORMATION:
HOW DID YOU LEARN ABOUT THIS POSITION?**

- Newspaper (List Publication) _____
- School Job Center Employment Office State Agency website
- Other website (List website) _____
- Employee Referral Friend State Agency Recorded Jobline
- Other: _____

JOB APPLICATION

An Equal Opportunity Employer

TYPE or PRINT in INK	Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted
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JOB APPLIED FOR (Listed on the recruitment announcement):

CLASSIFICATION NUMBER:	ANNOUNCEMENT NUMBER:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215			
POINTS (Check One): <input type="checkbox"/> 5 <input type="checkbox"/> 10	DATE OF ENTRY (M-D-Y):	DATE OF DISCHARGE (M-D-Y):	BRANCH OF SERVICE:

WORK SCHEDULE AVAILABILITY		
Check Only One: <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)	Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I)	Date You Can Report For Work: <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> ANY (B)
Are you also willing to work for this Company in a temporary position? (Check one)		<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION / TRAINING HISTORY	
List colleges, military, trade, business or other schools attended.	

Do you have a high school diploma or a GED certificate? (Check one) YES NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

LICENSE / REGISTRATION / CERTIFICATE

List any **required** professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ♦ I authorize this Company. to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ♦ I authorize this Company to check my driving record if the position for which I am applying requires driving.
- ♦ I consent to testing of a blood and/or urine specimen for a pre-employment drug test, and/or a criminal history background check as a condition of employment. I further authorize the release of the testing results to authorized Company, its officers, agents, employees and all providers of information from any and all liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE (Must signed IN BLUE INK if submitting hard copy):	DATE:
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KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

Your application materials must **be received at the address by the close date** or it may not be accepted.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH WELLMMADE.