

EMPLOYMENT APPLICATION

Ordell Construction, LLC
29771 E Enid
Eugene, OR 97402

EQUAL OPPORTUNITY
EMPLOYER

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ MESSAGE PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

CONTACT IN EMERGENCY: _____
NAME PHONE

ARE YOU UNDER 18: _____ IF SO, DO YOU HAVE A WORK PERMIT? _____

APPLICANT NOTE:

This application form is intended for use in evaluating your suitability for employment. It is not a contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of non-job related disabilities, and such information may be omitted from this form. A felony conviction will not necessarily bar an applicant from employment, and affirmative action hiring of disabled, Vietnam-era veterans, minorities and women may be requested by qualified applicants. Additional testing of job-related skills, mental/physical abilities, physical condition and for the presence of drugs in your body may be required prior to employment. Application is valid for 60 days.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-Time Part-Time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

EXPERIENCE

Please put most recent employer first.

MOST RECENT EMPLOYER		MOST RECENT EMPLOYER		MOST RECENT EMPLOYER	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE NUMBER		TELEPHONE NUMBER		TELEPHONE NUMBER	
SUPERVISOR'S NAME	MAY WE CONTACT?	SUPERVISOR'S NAME	MAY WE CONTACT?	SUPERVISOR'S NAME	MAY WE CONTACT?
POSITIONS/DUTIES		POSITIONS/DUTIES		POSITIONS/DUTIES	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	

JOB-RELATED SKILLS

DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE NON-JOB RELATED

Are you fluent in other languages?

If so, which ones?

Do you have a valid driver's license?

State of Issue

DL#

Type of License

Endorsements?

Restrictions?

Please list any other skills, licenses or certificates that are job-related.

EQUIPMENT

Check any items you have operated

Backhoe

Welder

Generator

Softcut Saw

Tractor

Compressor

Cutting Torch

Forklift

Chainsaw

Jackhammer

Compactor

Laser

Concrete Mixer

HEALTH & SAFETY

Information for medical emergencies only.

 Yes No Do you have any physical or mental conditions which may affect your job performance or safety? Yes No Do you regularly take any prescription medicine or drugs which may affect your job performance or safety?**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME

ADDRESS/PHONE

YEARS KNOWN/RELATIONSHIP

1.

2.

COMMENTS

ASK FOR ADDITIONAL PAGE, IF NECESSARY

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the

Answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and Belief. I understand that any false information may result in rejection of my application or discharge at any time during my employment. I authorize the company to verify any of this information to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE