



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

POSITION APPLYING FOR:

PERSONAL DATA

Name: (last, first, middle initial)

| | | | |
|---|----------------|---|-----|
| Street Address and/or mailing address | City | State | Zip |
| Home Phone | Cell Phone | Other Phone | |
| Date you can start work | Salary Desired | Do you have a High School Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____ | | Are you at least 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

POSITION INFORMATION *Check all that you are willing to work*

| | | | | |
|---|--|--|--|--|
| Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Days <input type="checkbox"/> Nights <input type="checkbox"/> | Weekends <input type="checkbox"/> | Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/> | Are you willing to work overtime Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Can you provide documentation that you are legally eligible for employment in the U.S? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Have you been told the essential functions of the job or have you reviewed the job description? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Can you perform the essential functions of the job with or without reasonable accommodation? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

QUALIFICATIONS *Please list any education or training such as high school, colleges, degree, vocational or technical programs.*

| | School Name | Degree | Address/City/State |
|--------|-------------|--------|--------------------|
| School | | | |
| School | | | |
| Other | | | |

MILITARY *Complete this section if you served in the US Armed Forces*

| | |
|--------------------------|--|
| Branch of Service: | Period of Active Duty (Month/Year) From: _____ To: _____ |
| Duties/Special Training: | Rank at Discharge: |
| | Date of Final Discharge: |

SPECIAL SKILLS *List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)*

REFERENCES *Please list three **professional references** not related to you.*

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
| | | | |
| | | | |
| | | | |

WORK HISTORY Start with present or most recent employment and work back. Provide information regarding all employment and unemployment periods for the last seven years. Use separate sheet if necessary.

| | | |
|----------------------------|------------------------|----------------------|
| Job Title #1 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| Address (city, State, Zip) | | Reason for Leaving |
| Duties: | | |

May we contact your present employer? Yes No

| | | |
|----------------------------|------------------------|----------------------|
| Job Title #2 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| Address (city, State, Zip) | | Reason for Leaving |
| Duties: | | |

| | | |
|----------------------------|------------------------|----------------------|
| Job Title #3 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| Address (city, State, Zip) | | Reason for Leaving |
| Duties: | | |

| | | |
|----------------------------|------------------------|----------------------|
| Job Title #4 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| Address (city, State, Zip) | | Reason for Leaving |
| Duties: | | |

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations my result in my dismissal. I authorize Willamette Falls Paper to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

If Willamette Falls Paper decides to engage an investigative consumer reporting agency to report on my credit, personal or criminal record, I authorize the employer to do so. If a report is obtained by Willamette Falls Paper, they must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I acknowledge and understand that Willamette Falls Paper is an "at will" employer. Therefore, any employee (regular or temporary) may resign at any time, or the employer may terminate the employment relationship with any employee at any time, and for any reason with or without notice.

Applicant Signature

Date