



EMPLOYMENT APPLICATION

LAST NAME:	FIRST NAME:	EMAIL ADDRESS:
STREET ADDRESS:	CITY:	STATE: ZIP:
CELL PHONE:	ALTERNATE PHONE:	

EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel in all of our facilities and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, creed, religion, age, sex, marital or veteran status, national origin, ancestry, disability or handicap, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.	POSITION(S) APPLIED FOR:	DATE AVAILABLE:
	1. _____ 2. _____	RATE OF PAY EXPECTED:

REFERRED BY: (check and indicate name) LinkedIn: _____ Temp Agency: _____ Employee: _____ Indeed: _____ Other: _____	Have you ever worked for us before? Yes No Where: _____ When: _____	We will attempt to reasonably accommodate employees who require certain hours or days off because of any disability, religious belief or practice, or any other legally protected condition or requirement. Check shifts you <u>can</u> work: _____ Day Swing Night Rotating Are you 18 years of age or older? Yes No
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RELATIVES/FRIENDS. Some positions may not be held by certain individuals in order to avoid the possibility of conflicts of interest. Qualified relatives/friends are eligible for employment except in those unusual situations (for example, where they would be placed in a supervisor-subordinate relationship). Do you have any relatives or friends (such as roommates) who currently work for us?

No Yes; please state their name/s and relationship to you: _____

QUALIFICATIONS: Please list any education, training and/or specialized experience (such as degrees; licenses; certifications; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying. Please feel free to provide a resume instead of completing this section.

Qualification 1: _____ Where did you acquire it? (name and address of school, program, military branch and specialty, etc.) _____

Qualification 2: _____ Where did you acquire it? (name and address of school, program, military branch and specialty, etc.) _____

Qualification 3: _____ Where did you acquire it? (name and address of school, program, military branch and specialty, etc.) _____

Are you legally eligible for employment in the United States? Yes No

DRIVING POSITIONS: If the position applied for involves driving, have you ever been CONVICTED, plead GUILTY, NO CONTEST or FORFEITED BOND OR BAIL for any traffic violations in the past three years? No Yes; please provide details: _____

IN CASE OF EMERGENCY NOTIFY: Name: _____	Address: _____	Telephone Number: _____
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EMPLOYMENT EXPERIENCE: Please account for all periods of employment, by month/year, including any self-employment and U.S. military service. Attach sheet if more space is needed.			
PRESENT OR LAST EMPLOYER:	PHONE:	JOB TITLE/JOB DUTIES:	HIRE DATE: DATE LEFT:
ADDRESS:	SUPERVISOR:		REASON FOR LEAVING:
PREVIOUS EMPLOYER:	PHONE:	JOB TITLE/JOB DUTIES:	HIRE DATE: DATE LEFT:
ADDRESS:	SUPERVISOR:		REASON FOR LEAVING:
PREVIOUS EMPLOYER:	PHONE:	JOB TITLE/JOB DUTIES:	HIRE DATE: DATE LEFT:
ADDRESS:	SUPERVISOR:		REASON FOR LEAVING:
PREVIOUS EMPLOYER:	PHONE:	JOB TITLE/JOB DUTIES:	HIRE DATE: DATE LEFT:
ADDRESS:	SUPERVISOR:		REASON FOR LEAVING:

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which OrePac deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize OrePac to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release OrePac from all liability which might result from making the investigation.
2. I certify that I completed this application and that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. I certify that I have reviewed all of the information provided in this application and in any attachments or supporting documents.
3. I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, background checks, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at OrePac's expense. I authorize release of the results to OrePac, and their use to evaluate my suitability for employment. I also release OrePac from all liability arising out of, or connected with any examinations, inquiries and/or testing.
4. I understand that I will be required to prove identity and eligibility to accept employment in the United States.

5. I understand that this application is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that I may resign or be terminated, without cause or notice, at any time (in applicable states), unless otherwise stated in an employment contract. I also understand that the President is the *only* person who will ever have the authority to agree to any other terms and/or enter into such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in an employment contract, OrePac may change, withdraw and interpret *other* policies (including wages, hours and working conditions) as it deems appropriate.
6. This application for employment will only be considered active for forty-five (45) days.
7. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship.

By signing my name below, I certify that I have read and agree to each of the previous statements.

Signature: _____ Date: _____

(Unsigned applications will not be processed.)