



## **APPLICATION FOR EMPLOYMENT**

This Company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment laws.

### **GENERAL**

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NO.** \_\_\_\_\_

**DATE AVAILABLE FOR EMPLOYMENT** \_\_\_\_\_

If employed and under 18, can you furnish a work permit? { } yes { } no

Have you ever been employed by this company? { } yes { } no

Are you employed now? { } yes { } no

May we contact your present employer? { } yes { } no

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country  
because of Visa or Immigration status { } yes { } no

Type of work desired: \_\_\_\_\_

Wages desired: \_\_\_\_\_

Do you have a valid driver's license in this state? { } yes { } no

License No. \_\_\_\_\_

Can you perform the essential functions of job(s) for which you  
are applying? { } yes { } no

Are you available to work: { } full time { } part time { } overtime

Have you ever been convicted of a felony? (Please note that a "YES"  
answer will not bar you from consideration for employment.) { } yes { } no

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

**SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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**REFERENCES:**

List three non-relatives who are familiar with your qualifications and actual work history and ability.

	<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. List your last four in order. Do not omit any job.

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Employer	Employed from ____mo/yr	Supervisor's Name
Address	to ____mo/yr	Your job position
Telephone No.		
Your Salary (hourly) starting/ending		Duties
What did you like most about your job?		
What did you like least about your job?		
Reason for leaving.		

\_\_\_\_\_  
Employer

Employed  
from \_\_\_\_mo/yr

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

to \_\_\_\_mo/yr

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Telephone No

\_\_\_\_\_  
Your Salary (hourly) starting/ending

\_\_\_\_\_  
Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?

\_\_\_\_\_  
Reason for leaving.

\_\_\_\_\_  
Employer

Employed  
from \_\_\_\_mo/yr

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

to \_\_\_\_mo/yr

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Your Salary (hourly) starting/ending

\_\_\_\_\_  
Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?

\_\_\_\_\_  
Reason for leaving.

\_\_\_\_\_  
Employer

Employed  
from \_\_\_\_mo/yr

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

to \_\_\_\_mo/yr

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Your Salary (hourly) starting/ending

\_\_\_\_\_  
Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?

\_\_\_\_\_  
Reason for leaving.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATIONS. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

yes       no

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

yes       no

I also understand that no representative of Shelter Management, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

yes       no

I have read, understand and agree with the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*

**Applications must be submitted to 3625 River Road N, Suite 125, Keizer, Oregon 97303  
or faxed to (503) 370-8015.**