



PO BOX 556
 STAYTON, OR 97383
 P: 503.769.2466
 F: 503.769.2761

APPLICATION FOR EMPLOYMENT

Complete all parts of the application if your application is incomplete, or does not clearly show the experience and/or training required, you application may not be accepted. If you have no information to enter in a section, please write N/A. **Incomplete applications will NOT be considered for employment.**

PERSONAL INFORMATION

LAST	FIRST	MI	PREFERRED NAME	
STREET		CITY		STATE
RESIDENCE PHONE	WORK PHONE		CELL PHONE	
EMAIL ADDRESS		DATE YOU CAN START		

EDUCATION AND FORMAL TRAINING

Highest level of education completed: (Please be prepared to provide verification.)

High school/GED
 Student (college/vocational training)
 Some college
 Associate's degree
 Bachelor's degree
 Master's degree
 Other _____

Name and location of school, college, university, or educational institution	Major course of study	Credits earned (Check one and indicate hours)	Did you graduate?	Degree or certificate received (AA, BA, BS, MA, PhD)
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock ----- Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock ----- Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock ----- Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL COURSES, SEMINARS, AND/OR TRAINING RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

PROFESSIONAL LICENSES OR CERTIFICATIONS

Description	State	Number	Expiration (mm/yyyy)

WORK HISTORY

List your most recent jobs first. Do not omit any work periods over the last 5 years. Include military service and any periods of unemployment or self-employment. Explain any gaps in work history. **COMPLETE ALL FIELDS.**

EMPLOYER				KIND OF BUSINESS	
TOTAL TIME		ADDRESS	CITY	STATE	YOUR TITLE
YEARS	MONTHS				
FROM (mm/dd/yy)	TO (mm/dd/yy)	SUPERVISOR'S NAME		SUPERVISOR'S PHONE	
		DUTIES (Be specific):			
AVERAGE HOURS WORKED PER WEEK					
REASON FOR LEAVING JOB OR SEEKING NEW EMPLOYMENT					
EMPLOYER				KIND OF BUSINESS	
TOTAL TIME		ADDRESS	CITY	STATE	YOUR TITLE
YEARS	MONTHS				
FROM (mm/dd/yy)	TO (mm/dd/yy)	SUPERVISOR'S NAME		SUPERVISOR'S PHONE	
		DUTIES (Be specific):			
AVERAGE HOURS WORKED PER WEEK					
REASON FOR LEAVING JOB OR SEEKING NEW EMPLOYMENT					
EMPLOYER				KIND OF BUSINESS	
TOTAL TIME		ADDRESS	CITY	STATE	YOUR TITLE
YEARS	MONTHS				
FROM (mm/dd/yy)	TO (mm/dd/yy)	SUPERVISOR'S NAME		SUPERVISOR'S PHONE	
		DUTIES (Be specific):			
AVERAGE HOURS WORKED PER WEEK					
REASON FOR LEAVING JOB OR SEEKING NEW EMPLOYMENT					

SUPPLEMENTAL EMPLOYMENT INFORMATION

Have you previously worked at HP Civil as an employee? Yes No

If yes, please state dates and job title: _____

Have you previously worked at HP Civil using a name different than your current name? Yes No

If yes, please state name: _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? (If you have any question as to what functions are essential to the position for which you are applying, please review the posted job announcement.) Yes No

Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? Yes No

Please read carefully, initial each paragraph and sign below.

_____ I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of HP Civil or myself. I understand that the CEO or President of the company are the only people who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. I also agree to conform to all existing and future rules, regulations, and policies of HP Civil, and I understand that HP Civil reserves the right to change wages, hours, and working conditions as deemed necessary.

_____ I understand that the Company has a drug-free workplace and drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that a pre-employment (post-offer) drug and/or alcohol test is positive; the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the Company's policy, and federal, state, and local law, are subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol, marijuana or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

_____ I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions. I acknowledge that any omission, false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment, regardless of when or how discovered.

_____ I authorize HP Civil to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release HP Civil, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions.

Date _____

Signature _____