



Employment Application

3076 NE Diamond Lake Blvd, Roseburg, OR 97470
 Phone (541) 671-3691 Fax (541) 229-0036

Applicant Information		
Position Applied for:	Date:	
Full Name:	<i>Last</i>	<i>First</i>
	<i>M.I.</i>	
Address:		
<i>Street Address</i>	<i>Apt/Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Mailing Address (if different)</i>	<i>Apt/Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone:	Email:	
Secondary Phone:	Date Available:	
Do you have a valid Driver's License?	Do you have a valid Commercial Driver's License?	Do you have Passenger Endorsement?
YES NO <input type="checkbox"/> <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>
Have you ever worked for this company?	YES NO <input type="checkbox"/> <input type="checkbox"/>	If yes, when?

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Contact Name: _____ Phone: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Contact Name: _____ Phone: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Contact Name: _____ Phone: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Contact Name: _____ Phone: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Contact Name: _____ Phone: _____

Skills & Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the duties of the position for which you are applying:

Word Processing	Yrs Exp	Internet	Yrs Exp
Spreadsheet	Yrs Exp	Email	Yrs Exp
Presentation	Years Exp	Other Software:	

Education

Name of School Attended	Years Completed	Degree/Diploma

References

Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	
Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	
Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	

Veteran's Status

- Veteran as defined in ORS 408.225: a person who (a) Served on active duty with the Armed Forces of the United States: (i) for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; (ii) for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; (iii) for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; (iv) for 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or (v) for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; (B) Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or (C) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.
- Disabled Veteran as defined in ORS 408.225: a person entitled to disability compensation under laws administered by the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, or a person who was awarded the Purple Heart for wounds received in combat.

NOTE: Supporting documentation (DD214/DD215 and, for Disabled Veterans, a copy of your veteran's disability preference letter from the Department of Veterans Affairs unless that information is included in the DD214/215 form) MUST be submitted with your application materials.

Disclaimer and Signature

I certify that the information in my application are true and complete to the best of my knowledge. I understand that any false statement, misleading answer, or any false information on this application or given during the selection process may be sufficient grounds for immediate elimination from consideration or may result in my immediate dismissal at any time.

Signature: _____ Date: _____