



457 S Date Ave
Burns, Oregon 97720

PO Box 800
Hines, Oregon 97738

Phone (541) 573-7855
Fax (541) 573-3532

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, marital or veteran status or handicap.

GENERAL INFORMATION

Last Name	First	Middle	Date
Address			Home Telephone
City	State	Zip	Social Security Number
In case of emergency contact (name & telephone):			Position desired
Have you ever applied for employment with us? If yes, when?			Pay Expected
Are you available for full time work? If not, what hours can you work?		Can you travel if the job requires?	Will you work overtime if asked?
When will you be available for work?			Are you legally eligible for employment in the United States?
Are you currently employed? If so, can we contact you current employer?			Work telephone
Have you been convicted of a felony in the last seven (7) years? If so, explain.			
<i>Conviction will not necessarily disqualify an applicant from employment, but lying about the same will.</i>			
Do you have any physical condition which might limit your ability to perform the job for which you are applying? If so, describe this condition and how you can perform the job in spite of it.			

EDUCATION

	Name and location of school	Subjects studied	Number of years completed	Did you graduate?	Degree or Diploma
College					
Business/Trade /Technical					
High School					
Elementary					

EMPLOYMENT EXPERIENCE

Start with your present or last job

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of supervisor	Hourly pay Start _____ Last _____
State job title and describe your work	Reason for leaving

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of supervisor	Hourly pay Start _____ Last _____
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PERSONAL REFERENCES

Name	Address	Home / work phone	Association (friend, teacher, etc.)

COMPUTER SOFTWARE SKILLS

Computer Software	Name of Software	Proficiency with Software
Word Processing		___ Skilled ___ Competent ___ Familiar
Spreadsheet		___ Skilled ___ Competent ___ Familiar
Database		___ Skilled ___ Competent ___ Familiar
Other		___ Skilled ___ Competent ___ Familiar

DRIVING/OPERATING EXPERIENCE

Driver license number	State	Class	Expiration date
Have you had a moving violation or an accident in the last three (3) years? If so, explain.			
Have you ever been denied a license, permit or privilege to operate a motor vehicle? If so, explain.			
Has any licenses, permit or privilege ever been suspended or revoked? If so, explain.			
Do you have a current Medical Examiner's Certificate? If so, state date of examination.			
Type of truck or equipment	Start date	Last date	Approximate miles or hours

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer including those outlined in Harney Rock & Paving Co.'s Employee Handbook

I hereby acknowledge that any employment relationship with Harney Rock & Paving Co. is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Harney Rock & Paving Co.

This application for employment shall be considered active for a period of 6 months.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Reviewed by: _____ Interviewed by: _____

Remarks: _____

Hire date: _____ Start date: _____ Wage: _____ Dept. _____ Position: _____

APPLICANT: Do Not Fill Out. Sign at the Bottom ONLY.

INQUIRY TO PAST EMPLOYERS

TO: _____

DATE: _____

_____ has made application to this company for a position as _____
_____ and states that he was employed by you as a _____
_____ from _____ to _____.

Will you kindly reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Sincerely,

1 Is employment correct as stated above? _____

2 What kind (s) of work did applicant do? _____

3 Specify equipment applicant operated: _____

4 Number of accidents? _____ Number Preventable? _____

5 Did applicant have custody of money or valuables? _____

6 Were applicant's records properly kept? _____

7 Was general conduct satisfactory? _____

8 Did applicant show up on time? _____

9 Was applicant motivated? _____

10 Is applicant competent for the position seeking? _____

11 Reason for leaving: _____

12 Would you re-employ? _____

13 Additional remarks: _____

Date: _____

Completed by: _____

Print Name & Title: _____

FORMER EMPLOYER LIABILITY RELEASE: *You are hereby authorized to give Harney Rock and Paving Company all information regarding my services, character and conduct while employed with your company. You are released from any and all liability which may result from furnishing such information.*

Applicant Signature: _____ *Date:* _____