



2 North Main Ave., Tillamook, OR 97141 ■ 503-842-4434 ■ www.rbslumber.com ■ email: accounting@rbslumber.com

## **GENERAL APPLICATION FOR EMPLOYMENT**

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

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

**TELEPHONE:**

**HOME:** (     )     -     

**CELL:** (     )     -     

**DATE AVAILABLE FOR EMPLOYMENT:** \_\_\_/\_\_\_/\_\_\_

**HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?**                      YES    NO

**ARE YOU CURRENTLY EMPLOYED?**    YES    NO

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**                      YES    NO

**IF YES, WHAT IS YOUR SUPERVISORS NAME:** \_\_\_\_\_

**ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?**    YES    NO

**TYPE OF WORK DESIRED:** \_\_\_\_\_

**WAGES DESIRED:** \$\_\_\_\_\_/HR

**DO YOU HAVE A VALID OREGON DRIVER'S LICENSE?**                      YES    NO

**LICENSE #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) YOU ARE APPLYING FOR?**    YES    NO

**ARE YOU AVAILABLE TO WORK:**  
 FULL-TIME    PART-TIME    OVER-TIME

**EDUCATION HISTORY:**

**NAME OF HIGH SCHOOL:** \_\_\_\_\_

**NUMBER OF YEARS COMPLETED?** \_\_\_\_\_

**NAME OF COLLEGE:** \_\_\_\_\_

**NUMBER OF YEARS COMPLETED?** \_\_\_\_\_

**GENERAL COURSES OF STUDY:** \_\_\_\_\_

**NAME OF GRADUATE SCHOOL:** \_\_\_\_\_

**DEGREE ACHIEVED:** \_\_\_\_\_

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

**SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, OR OTHER ACTIVITIES RELATED TO THE POSITION YOU ARE SEEKING.**

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

**PERSONAL REFERENCES:**

**LIST 3 PEOPLE WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS, WORK HISTORY AND ABILITIES.**

<b>NAME</b>	<b>OCCUPATION/ RELATIONSHIP</b>	<b>YEARS KNOWN</b>	<b>TELEPHONE #</b>
			( ) -
			( ) -
			( ) -

**EMPLOYMENT EXPERIENCE:**

**START WITH YOUR PRESENT OR LAST JOB. LIST YOUR LAST 4 JOBS IN ORDER.  
DO NOT OMIT ANY JOB.**

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_____	<b>DATES EMPLOYED</b>	_____
<b>EMPLOYER</b>	from ___/___(mo/yr)	<b>SUPERVISOR</b>
_____	to ___/___(mo/yr)	_____
<b>ADDRESS</b>		<b>YOUR POSITION</b>
_____		_____
<b>TELEPHONE #</b>	<b>DUTIES</b>	
<b>YOUR SALARY (hourly): STARTING: \$</b> _____		<b>ENDING: \$</b> _____

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**WHAT DID YOU LIKE MOST ABOUT YOUR JOB?**

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**WHAT DID YOU LIKE LEAST ABOUT YOUR JOB?**

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**REASON FOR LEAVING:**

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_____	<b>DATES EMPLOYED</b>	_____
<b>EMPLOYER</b>	from ___/___(mo/yr)	<b>SUPERVISOR</b>
_____	to ___/___(mo/yr)	_____
<b>ADDRESS</b>		<b>YOUR POSITION</b>
_____		_____
<b>TELEPHONE #</b>	<b>DUTIES</b>	
<b>YOUR SALARY (hourly): STARTING: \$</b> _____		<b>ENDING: \$</b> _____

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<b>ADDRESS</b>		<b>YOUR POSITION</b>
<b>TELEPHONE #</b>	<b>DUTIES</b>	
<b>YOUR SALARY (hourly): STARTING: \$ _____</b>		<b>ENDING: \$ _____</b>

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<b>EMPLOYER</b>	<b>DATES EMPLOYED</b> from ___/___(mo/yr) to ___/___(mo/yr)	<b>SUPERVISOR</b>
<b>ADDRESS</b>		<b>YOUR POSITION</b>
<b>TELEPHONE #</b>	<b>DUTIES</b>	
<b>YOUR SALARY (hourly): STARTING: \$ _____</b>		<b>ENDING: \$ _____</b>

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**REASON FOR LEAVING:**

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

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION 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 (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be ground 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 understand that my employment may be subject to the satisfactory results of any pre-employment examination required by the company including a mandatory blood and/or urine test to detect drug usage. I agree to conform to 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 the company 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.**

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**SIGNATURE OF APPLICANT**

**DATE**

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