

COMPANY: Wymore Transfer Company, Inc.

Address: 12651 S.E. Capps Rd.

City: Clackamas State: OR Zip: 97015

APPLICATION FOR COMPANY WAREHOUSE POSITIONS

(Answer all questions – Please Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____
Last First Middle

Social Security No. _____

Current Address: _____
Street City State Zip

Phone No.: (____) _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Are you now employed? ____ If not, how long since leaving last employment? _____

Have you worked for this company before? _____ What location _____

Do you have the legal right to work in the United States? Yes ____ No ____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 3 years.

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes ____ No ____

EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" _____ YES _____ NO / Comments: _____

Current Employer:	Company:	Reason for leaving:		
Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()			
To:	Supervisor:			
Month / Year	Full or Part-time:			

NEXT EMPLOYER:	Company:	Reason for leaving:		
Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()			
To:	Supervisor:			
Month / Year	Full or Part-time:			

NEXT EMPLOYER:	Company:	Reason for leaving:		
Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()			
To:	Supervisor:			
Month / Year	Full or Part-time:			

NEXT EMPLOYER:	Company:	Reason for leaving:		
Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()			
To:	Supervisor:			
Month / Year	Full or Part-time:			

NEXT EMPLOYER:	Company:	Reason for leaving:		
Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()			
To:	Supervisor:			
Month / Year	Full or Part-time:			

If necessary, attach an additional sheet to show employment for last 10 years.

Have you ever been discharged from any job? YES ____ NO ____ If yes, please list name of companies and reason for discharge:

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, Permit of privilege to operate a motor vehicle? YES ____ NO ____
- B. Do you have a pending charge or past conviction for driving while intoxicated? YES ____ NO ____
- C. Do you have a pending charge or past conviction for possession of a controlled substance? YES ____ NO ____
- D. Have you ever been refused auto liability insurance? YES ____ NO ____
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense? YES ____ NO ____

(The fact of a charge and / or conviction, does not automatically disqualify an applicant from employment)
If the answer to either A, B, C, D, or E is yes, state all circumstance and dates.

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

Applicant Signature

Date