



PIERCE-PACIFIC
 MANUFACTURING, INC.
 4424 N.E. 158TH AVENUE
 P.O. BOX 30509
 PORTLAND, OR 97294
 PHONE (503) 808-9110



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, disability or any other status protected by law. We are an Equal Opportunity Employer.

PLEASE PRINT

PERSONAL

Date: _____

Name: _____
Last First Middle

Street Address: _____ Home Phone: () _____

City, State, Zip: _____ Business Phone: () _____

Position(s) applied for _____

Who referred you to our company? Advertisement Private Employment Agency Friend Relative
 Gov't. Employment Agency No one Other _____

Are you over 18 years of age? Yes No *If NO, a work permit will be required.*

To the best of your knowledge, are you legally eligible to work permanently in the United States? Yes No
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility).

Date you are available to start work: ____/____/____. Salary or Wages desired: \$_____ Hr. Wk.

What type employment are you applying for? Full Time Part Time Night Shift Temporary
If you are applying for Part Time, Night, Shift or Temporary employment, please specify days and hours you are available:

Mon.: _____ DAM to _____ DAM
DPM DPM Tues.: _____ DAM to _____ DAM
DPM DPM Wed.: _____ DAM to _____ DAM
DPM DPM Thurs.: _____ DAM to _____ DAM
DPM DPM Fri.: _____ DAM to _____ DAM
DPM DPM Sat.: _____ DAM to _____ DAM
DPM DPM Sun.: _____ DAM to _____ DAM
DPM DPM

NOTE: Every consideration will be given to work availability information provided by an applicant; however, there is no guarantee the Company can offer employment that accommodates applicants availability to work.

Have you ever applied for work here before? Yes No *If YES, enter date here: ____/____/____.*

Were you ever employed by us before? Yes No *If YES, enter date here: ____/____/____.*

If you are applying for Full Time employment, can you work overtime if necessary? Yes No

Are you employed at the present time? Yes No *If YES, can we contact your present employer? Yes No*

Why is Pierce-Pacific of interest to you? _____

Have you ever been bonded in prior employment? Yes No. *If YES, list name(s) of employer(s): _____*

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes No. *If YES, list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for).*



EDUCATION

GRAMMAR SCHOOL Name _____
Location _____
Number of years completed _____. Did you graduate? Yes No

HIGH SCHOOL Name _____
Location _____
Number of years completed _____. Did you graduate? Yes No
What was your course of study? Academic Business Trade or Technical Other _____

COLLEGE Name _____
Location _____
Number of years completed _____. Did you graduate? Yes No G.P.A. _____
What was your major? _____ Degree: _____
Did you enroll in a post-graduate course of education? Yes No If "Yes", what was your post-graduate field of study? _____ Degree: _____

Trade, Business or Correspondence School Name _____
Location _____
Number of years completed _____. Did you graduate? Yes No
What was your course of training or study? _____

SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment or general experience: _____

FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: _____ Fluent Good Fair Speak Read Write
Language: _____ Fluent Good Fair Speak Read Write

MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held. (Exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status):

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

Were you a member of the U.S. Armed Forces? Yes No. Branch: _____

Describe briefly your military duties: _____

_____ Years served: _____. Rank at discharge: _____

PERSONAL REFERENCES

List three personal references. *(exclude relatives or former employers).*

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

