



CONNIE'S, INC

2009 Adams Avenue
La Grande, OR 97850
Phone (541) 963-7114
Fax (541) 963-8450

CORWIN COMPANY, INC 2007 Adams Avenue / La Grande, OR 97850
Phone (541) 963-8300 / Fax (541) 963-8383

dba

**EASTERN OREGON
RENTAL & SALES**

Your One-Stop Rental Solution!

3925 10th Street 2007 Adams Avenue 338 NW 57th Drive
Baker City, OR 97814 La Grande, OR 97850 Pendleton, OR 97801
Phone (541) 523-7368 Phone (541) 963-7368 Phone (541) 276-7368
Fax (541) 523-9487 Fax (541) 963-4717 Fax (541) 276-5231

dba

**NW CONSTRUCTION
SUPPLY**

A DIVISION OF CORWIN COMPANY, INC.

Where service and dependability still matter!

2109 W Frontage Road
Pasco, WA 99301
Phone (509) 545-4055
Fax (509) 545-4059

APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY)

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

POSITION(S) APPLIED FOR: _____ **TEMP OR FULL TIME:** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME _____ **PHONE:** _____

ADDRESSES FOR PAST THREE (3) YEARS. ATTACH SHEET IF NECESSARY.

CURRENT ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PREVIOUS ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PREVIOUS ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?

ARE YOU 18 YEARS OF AGE OR OLDER?

EMERGENCY CONTACT: NAME _____ **ADDRESS** _____

RELATIONSHIP _____ **PHONE NUMBER ()** _____ **CELL/HOME/WORK**

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ **WHERE?** _____

DATES: _____ **FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____

NAMES OF RELATIVES IN OUR EMPLOY: _____

ARE YOU EMPLOYED NOW? _____ **IF NOT, HOW LONG SINCE YOUR**

LAST EMPLOYMENT? _____

WHO REFERRED YOU: _____ **EXPECTED RATE OF PAY:** _____

Is there any reason you might be unable to perform the functions of the job for which you have applied for (as described in the attached job description)? If yes, please explain:

EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code.

LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT OR CURRENT- ADD ANOTHER SHEET IF NECESSARY

| | | | |
|-------------------------------|---------------|------------|----------------|
| CURRENT/LAST EMPLOYER: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| POSITION HELD: | FROM: | TO: | SALARY: |
| CONTACT PERSON: | PHONE: | | |
| REASON FOR LEAVING: | | | |
| SECOND LAST EMPLOYER: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| POSITION HELD: | FROM: | TO: | SALARY: |
| CONTACT PERSON: | PHONE: | | |
| REASON FOR LEAVING: | | | |
| THIRD LAST EMPLOYER: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| POSITION HELD: | FROM: | TO: | SALARY: |
| CONTACT PERSON: | PHONE: | | |
| REASON FOR LEAVING: | | | |
| FOURTH LAST EMPLOYER: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| POSITION HELD: | FROM: | TO: | SALARY: |
| CONTACT PERSON: | PHONE: | | |
| REASON FOR LEAVING: | | | |
| FIFTH LAST EMPLOYER: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| POSITION HELD: | FROM: | TO: | SALARY: |
| CONTACT PERSON: | PHONE: | | |
| REASON FOR LEAVING: | | | |

MILITARY STATUS

HAVE YOU SERVED IN THE ARMED FORCES? BRANCH _____ DATES: FROM _____ TO _____

EDUCATION

HIGHEST GRADE COMPLETED IN HIGH SCHOOL _____ COLLEGE _____

LAST SCHOOL ATTENDED _____

ADDRESS _____

GENERAL

ARE YOU BONDABLE? _____

EXPERIENCE AND QUALIFICATIONS

| DRIVER'S LICENSES | STATE | LICENSE NUMBER | TYPE | EXP DATE |
|----------------------|-------|----------------|------|----------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES** **NO**

B. Has any license, permit, or privilege ever been suspended or revoked? **YES** **NO**

C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? **YES** **NO**

IF THE ANSWER IS YES TO EITHER A,B, OR C, ATTACH A STATEMENT PROVIDING DETAILS

LIST STATES OPERATED IN THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

LIST LAST FOUR ACCIDENTS, IF APPLICABLE:

| DATES | NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC) | FATALITIES | INJURIES |
|---------------|---|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST TEN YEARS (OTHER THAN PARKING CITATIONS):

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EXPERIENCE AND QUALIFICATIONS MAINTENANCE

LIST COURSES AND TRAINING IN MAINTENANCE WORK:

| |
|--|
| |
| |
| |

| INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING | TRAINING (CHECK) | YEARS OF EXPERIENCE | INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING | TRAINING (CHECK) | YEARS OF EXPERIENCE |
|---|------------------|---------------------|---|------------------|---------------------|
| Drive Train Components *Diesel Engine (Indicate make of engine) Tune Up Rebuild | | | Cooling System | | |
| *Gasoline Engine (Indicate make of engine) Tune Up Rebuild | | | Electric Repair | | |
| *Gearing System Transmission Rear End | | | Air Conditioning / Refrigeration | | |
| Brakes *Air *Hydraulic | | | Tire Service *Wheel Change *Flat Repair | | |
| INDICATE EQUIPMENT YOU CAN OPERATE | TRAINING (CHECK) | YEARS OF EXPERIENCE | INDICATE EQUIPMENT YOU CAN OPERATE | TRAINING (CHECK) | YEARS OF EXPERIENCE |
| *Wire Feed *Oxyacetylene Torch | | | Frame and Wheel Alignment | | |
| Frame & Axle Training Equipment | | | Body Work | | |
| Injector & Fuel Pump Rebuilding Equipment | | | Trailer Repair | | |
| Wheel & Tire Balancing Equipment | | | Other (Specify) | | |
| | | | Paint Spray Gun | | |
| | | | Emission Measurement Equipment | | |
| | | | Other (Specify) | | |
| | | | | | |

EXPERIENCE AND QUALIFICATIONS – PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS IN EACH:

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC):

SHOW COURSES OR TRAINING IN PLATFORM WORK:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking, which you would like to be considered in connection with your application for employment.

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SUPPLEMENTAL APPLICATION

1. Our company is a people business with customer service and satisfaction as one of its goals. How do you feel that you can contribute to our business?

2. Why do you want this position and how does it fit with your future plans?

3. What did you like best about your last job?

4. What did you like least about your last job?

5. Think back to the supervisors you have had in the past. Which one did you like best and why?

6. Which supervisor did you dislike and why?

7. What makes you angry?

8. Who is primarily responsible for your safety?

9. What area of your skills/professional development needs improvement and how will this be accomplished?

10. What do you think should be done about an employee who is not doing their fair share of the work?

11. What would you define as a productive work atmosphere?

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true, accurate and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, 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 I am required to abide by all rules and regulations of the Company.

Applicant's Signature _____ Date _____

**APPLICANT - DO NOT WRITE BELOW THIS LINE
PROCESS RECORD**

| | |
|-----------------|----------------|
| APPLICANT HIRED | REJECTED |
| DATE EMPLOYED | POINT EMPLOYED |
| DEPARTMENT | CLASSIFICATION |

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | SUPERVISOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|---------------------------|------------|------|------|---------------|------|------------------------|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PHYSICAL EXAM | | | | | | |
| 4. PAST EMPLOYMENT | | | | | | |
| 5. WRITTEN EXAM* | | | | | | |
| 6. ROAD TEST* | | | | | | |
| 7. POLICE AND DMV RECORD* | | | | | | |

DRIVER APPLICANTS ONLY

SIGNATURE OF INTERVIEWING OFFICER: _____

