

Application for Employment



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We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Date of Application _____

Name _____

Physical Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Telephone (____) _____

Email Address _____

Earliest Available Start Date _____

GENERAL INFORMATION:

Are you a U.S. Citizen? [] Yes [] No

If selected for employment are you willing to submit to a pre-employment:

Back ground check? [] Yes [] No

**Background check includes: criminal records, commercial records, financial records, work comp records, & medical records.

Drug screening test? [] Yes [] No

Do you have any physical limitations or pre-existing conditions that would limit your ability to perform in the position for which you are applying for? [] Yes [] No If yes, Explain

EDUCATION:

Circle last grade completed: Grade: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

List any scholarships, academic honors, awards or special achievements: _____

SKILLS:

Please list any skills you have that are appropriate for the position you are applying for:

EMPLOYMENT History:

1. ___/___/___ to ___/___/___
Start End Company Name Contact Name Phone

Position Job Duties Reason for Leaving

2. ___/___/___ to ___/___/___
Start End Company Name Contact Name Phone

Position Job Duties Reason for Leaving

3. ___/___/___ to ___/___/___
Start End Company Name Contact Name Phone

Position Job Duties Reason for Leaving

PROFESSIONAL REFERENCES:

	NAME	PHONE	ASSOCIATION	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE _____ DATE _____