



## Application for Employment

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.*

**Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all of the questions on this application. You may attach a resume, but all questions must be answered.**

Position Applying For: \_\_\_\_\_

<b>Personal Data</b>			
Name (Last, First, Middle)			
Mailing Address	City	State	Zip
Preferred Telephone Number	E-Mail Address		
Date Available to Start Work	Salary/Wages Desired	Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Position Information</b> (Check all that you are willing to work).			
Days/Hours Available to Work M: ____ - ____    T: ____ - ____    W: ____ - ____    TH: ____ - ____    F: ____ - ____    Sa: ____ - ____			
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Oregon Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Qualifications</b> (Please list any education or training you feel relates to the position applied for that would help you perform he work, such as schools, colleges, degrees, vocational or technical programs, and military training).			
	School Name	Degree	Address/City/State
School			
School			
Other			
<b>Special Skills</b> (List any special skills or experience that you feel would help you in the position that you are applying for. IE: Leadership teams, organizations, teams, etc.).			
<b>References</b> (Please list three professional references not related to you. Please include full name, address, phone number, and relationship. If you don't have three professional references, please list three personal, unrelated references).			
Name	Address/City/State	Phone	Relationship

<b>Work History</b> (Start with your present or most recent employment and work back. Use a separate sheet if necessary. Include all paid and unpaid positions).		
<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer?  Yes  No  N/A

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #4</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize Building Solutions to make an investigation of any of the facts set forth in this application and release Building Solutions from any liability. Building Solutions may contact any listed reference in this application.

I acknowledge and understand that Building Solutions is an "at will" employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date