

EUGENE FASTENER SUPPLY CO., INC.

595 Wilson St. / P.O. Box 2563

Eugene, OR 97402

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? Yes ___ No If yes: Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? Yes ___ No If not, what hours can you work? _____			Will you work overtime if asked ___ Yes ___ No
	Do you have a valid Oregon Driver's License? ___ Yes ___ No			When will you be available to begin work?

E D U C A T I O N	School	Name and Location of School	Course of Study	Dates Attended	Did you Graduate?	Degree or Diploma	
	Graduate					___ Yes ___ No	
	College					___ Yes ___ No	
	Business / Trade / Technical					___ Yes ___ No	
	High School					___ Yes ___ No	
	List any special training or skills (languages, machine operation, etc.)						

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Wage/Salary Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Wage/Salary Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Wage/Salary Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason do not want us

MILITARY

Did you serve in the U.S. Armed Forces?

___ Yes ___ No

If "Yes", in what branch?

S The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

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I understand that drug screening may be required and that acceptance of employment creates no obligation upon you, the employer, to continue to employ me in the future.

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_____ Date

_____ Signature