



S T A F F I N G

P.O. Box 71817 ■ Eugene, OR 97401-0216

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application must be completed by the person applying for employment.

PLEASE PRINT

NAME: Last		First	Middle	DATE:
ADDRESS: Street		City	State	Zip
<input type="checkbox"/> Full Time <input type="checkbox"/> Part time Position(s) applied for: (Be specific) <input type="checkbox"/> _____ <input type="checkbox"/> _____		DATE AVAILABLE	SHIFT AVAILABLE <input type="checkbox"/> Day <input type="checkbox"/> Graveyard <input type="checkbox"/> Swing <input type="checkbox"/> Weekends	18 OR OVER? <input type="checkbox"/> Yes <input type="checkbox"/> No
EVER CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF TRANSPORTATION: <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Ride	WHO REFERRED YOU TO FLEXFORCE?  HAVE YOU APPLIED WITH OR BEEN EMPLOYED BY FLEXFORCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO    Where _____    When _____
				SOCIAL SECURITY NUMBER / /
				TELEPHONE NUMBER
				MESSAGE NUMBER

## EDUCATION

HIGHEST GRADE COMPLETED (CIRCLE)	6	7	8	9	10	11	12	13	14	15	16	16+
	FULL NAME AND LOCATION OF SCHOOLS				DATES ATTENDED			MAJOR SUBJECTS		DEGREE RECEIVED		
HIGH SCHOOL / GED												
COLLEGE												

## WORK HISTORY (Request additional work history form if unable to list all employers in space provided)

EMPLOYER		ADDRESS (City, State)				SUPERVISOR		PHONE	
STARTING DATE		ENDING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING?		MAY WE CONTACT?	
Month	Year	Month	Year					<input type="checkbox"/> YES	<input type="checkbox"/> NO
JOB TITLE AND DESCRIPTION									
LIST NEXT PREVIOUS EMPLOYER		ADDRESS (City, State)				SUPERVISOR		PHONE	
STARTING DATE		ENDING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING?		MAY WE CONTACT?	
Month	Year	Month	Year					<input type="checkbox"/> YES	<input type="checkbox"/> NO
JOB TITLE AND DESCRIPTION									
LIST NEXT PREVIOUS EMPLOYER		ADDRESS (City, State)				SUPERVISOR		PHONE	
STARTING DATE		ENDING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING?		MAY WE CONTACT?	
Month	Year	Month	Year					<input type="checkbox"/> YES	<input type="checkbox"/> NO
JOB TITLE AND DESCRIPTION									
LIST NEXT PREVIOUS EMPLOYER		ADDRESS (City, State)				SUPERVISOR		PHONE	
STARTING DATE		ENDING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING?		MAY WE CONTACT?	
Month	Year	Month	Year					<input type="checkbox"/> YES	<input type="checkbox"/> NO
JOB TITLE AND DESCRIPTION									
HAVE YOU EVER BEEN TERMINATED FROM A JOB FOR ANY OF THE FOLLOWING REASONS? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please indicate:									
<input type="checkbox"/> Poor Attitude		<input type="checkbox"/> Excessive illness		<input type="checkbox"/> Not showing up for work		<input type="checkbox"/> Excessive tardiness		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Transportation problems		<input type="checkbox"/> Fighting		<input type="checkbox"/> Personal problems					

## SAFETY EQUIPMENT

CHECK EQUIPMENT YOU CURRENTLY HAVE AVAILABLE.				<input type="checkbox"/> Welding Equipment	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Leather Work Boots	<input type="checkbox"/> Work Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Rain Gear	_____	
<input type="checkbox"/> Steel Toe Safety Boots	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Puller Apron	<input type="checkbox"/> Tools	_____	

## HOBBIES

LIST HOBBIES & INTERESTS
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**ADDITIONAL WORK INFORMATION**

**GENERAL**  IF EXPERIENCED

**CONSTRUCTION:**

- CABINET MAKING
- CLEAN-UP
- FINISH
- GENERAL WOODWORKING  
(sanding / table saw)
- PLASTERING
- CARPENTRY TOOLS
- CONCRETE
- FRAMING
- MASONRY
- ROOFING
- DRYWALL
- BLUEPRINTS
- PAINTING
  - Brush / Roll
  - Air / Airless Equipment

**LANDSCAPING:**

- CLEAN-UP
- GARDENING
- LAWN MOWING
- MAINTENANCE
- PRUNING
- ROTOTILLING
- SPRINKLER INSTALLATION
- TOOLS / EQUIPMENT
- TREE WORK / LIMBING
- CHAINSAW

**WAREHOUSE:**

- FORKLIFT OPERATOR
  - Certified
  - Safety Trained
- SHIPPING AND RECEIVING

**WELDING:**

- ARC (STICK)
- ARC (LINE / WIRE FEED)
- MIG (LINE FEED)
- TIG (ALLUM / TITANIUM)
- APPRENTICE
- JOURNEYMAN
- CERTIFIED
- FABRICATOR
  - Blueprints

**MECHANIC:**

- DIESEL  SMALL ENGINE
- GAS
- HAND TOOLS
  - End Wrenches**      **Sockets**
  - Up to 1"       Up to 1 1/4" drive
  - Up to 1 3/4"       Up to 2 3/4" drive
- Air Tools**
- 1/2" drive impact wrench
- 3/8" drive impact wrench

**WOOD PRODUCTS:**

- GREEN CHAIN PULLER
  - Lumber  Veneer
- GRADER
  - Lumber  Veneer
- DRYER FEEDER
- MOULDER / PLANER SETTER
- PLANER CHAIN

**OTHER:**

- ASSEMBLER
- ELECTRICIAN (Level: \_\_\_\_\_)
  - Apprentice
  - Journeyman
- JANITOR
- FOOD HANDLER
  - Licensed
- PACKAGING
- PRODUCTION

**HEAVY EQUIPMENT OPERATOR** (list types):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**DRIVERS:**       CDL A       CDL B       INSURANCE

Agents Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY**

NAME	ADDRESS	TELEPHONE NUMBER	
		HOME	WORK

**APPLICANT – PLEASE READ THE FOLLOWING BEFORE SIGNING**

I certify that the information on this application is true to the best of my knowledge. I understand that any false statements or answers, or any misrepresentation or omission of facts is sufficient cause for rejection of my application, or if hired, for discharge from FlexForce at any time.

I permit FlexForce or its representative to investigate any of the statements submitted by me on this application unless I specifically request in writing on this form that no inquiry be made. Accordingly, I authorize any of the companies or schools named on this form, or any other relevant company, agency or person, to release information regarding my employment or qualifications.

I agree to submit to a medical examination or drug screen by a physician designated by FlexForce (at FlexForce expense) at any time as may be required by a FlexForce client. I understand my employment may be contingent on passing of such examination(s). I authorize any company, agency, physician, or person to release information concerning my medical condition to FlexForce or its representative. In the event of an industrial accident, a test for drugs, controlled substances and alcohol will be required as part of the medical examination of the injury. I agree to report any injury to FlexForce within 24 hours.

In the event a client is interested in hiring me as their employee, I release all application information to said client (including references checked by FlexForce) or any company to which I am assigned. I also agree to give notification of intent to be hired by a FlexForce client, to FlexForce, upon notice of such information.

I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment under proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any existing or prospective employee.

If employed, and in consideration of my employment, I agree to conform to the rules and regulations of FlexForce as stated in the employee policies and procedures given to me during the application process.

**I HAVE READ, UNDERSTAND, AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT AND THE WRITTEN EMPLOYEE POLICIES RECEIVED DURING MY ORIENTATION.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> For Privacy Act and Paperwork Reduction Act Notice, see reverse	OMB No. 1545-0010 20____
1 Type or print your first name and middle initial _____ Last Name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state and ZIP code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card _____ <input type="checkbox"/>
5 Total number of allowances you are claiming (from the worksheets) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for _____, and I certify that I meet BOTH of the following conditions for exemption: * Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability: AND * This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here _____ >		
		7 _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature \_\_\_\_\_

Date \_\_\_\_\_

, 20\_\_\_\_