





Application for Employment

Please Print

Position Applied For	Date of Application					
Last Name	First Name			MI	MI	
Street	City		State	Zip	Zip	
Phone Number	Email		Preferred	Contact Method		
Have you applied with us before?			□Yes □No Date:			
Have you been employed with us before?			□Yes □N			
May we contact your previous/present employer?			□Yes □N	0		
Are you authorized to work in the Unite Proof of citizenship or immigration s	ed States?	□Yes □No t	o			
Earliest date available to work:						
/ork schedule availability: ☐ Full Time or ☐ Part Time (please indicate Morning Afternoon Evening)						
☐ Temporary (Please indicate dates available)	
Education:						
				Years		
Name of School		Course of St	uay	Completed	Diploma/Degree	
Employment Experience (please lis	t most surrent	ioh first)				
Employment Experience (please list most current job first) 1. Employer				To From		
Title	Phone			Reason for Leaving		
Duties						
2. Employer				To Fr	om	
Title	Phone			eason for Leaving		
Duties	•		1			

Employment Experience, Continued		
3. Employer		To From
Title	Phone	Reason for Leaving
Duties		
4. Employer		To From
Title	Phone	Reason for Leaving
	Thone	Neuson for Leaving
Duties		
If you need more space, please continue	e on a separate piece of paper.	
	_	could be helpful in obtaining this position. Please also
include any memberships and activities	s in which you participate.	
References		
Name	Title	Phone
Name	Title	Phone
Name	Title	Phone
		yment, I understand that false or misleading information
given in my application or interview(s) may r the employer.	result in discharge. I understand, als	so, that I am required to abide by all rules and regulations of
"at will" nature, in that the Employee may re		The Willamette Valley Company LLC or its subsidiaries is of an may discharge the Employee at any time with or without
cause.		
employment screening process. This process drug/alcohol screen. I also agree, if employe	s includes, but is not limited to, a po d, to submit to a medical examinat	successful completion of the company's total pre- ost-offer pre-employment medical exam and pre-employment ion or drug/alcohol screen at any time at the company's The Willamette Valley Company LLC or its subsidiaries.
	• •	d those individuals I have listed as personal references furnish all liability for damages arising from furnishing the requested
Signature	 Printed Name	 Date