



EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURES

Please attach resume if possible.

DO YOU HAVE A DRIVER'S LICENSE? ___ YES ___ NO

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ ___ Operator ___ Commercial(CDL) ___ Chauffeur

Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

OFFICE ONLY

Typing ___ YES ___ No _____ WPM 10-Key ___ YES ___ No Word Processing ___ YES ___ No _____ WPM

Personal Computer ___ YES ___ NO Other Skills _____
___ PC ___ Mac _____

Please list two references other than relatives or previous employers.

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.



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	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Specialty _____ Date Entered _____ Discharge Date _____		

Work Experience Please list your work experience for the **past five years** beginning with the most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ _____ City , State, Zip Code Phone number _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
		Your last job title	

Reason for leaving (be specific)

List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? ___ Yes ___ No
 Did you complete this application yourself ? ___ Yes ___ No
 If not, who did? _____



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Equal Employment Opportunity Statement

It is the policy of Northwest Restoration to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This policy applies to hiring, tenure of employment, and all terms and conditions of employment, including but not limited to promotion and development, assignment, transfer, compensation, benefits, discipline, demotion and recreation provided by the Company.

At-Will Employment

Northwest Restoration is an at-will employer. An employee may resign his/her position at any time for any reason. Subject to state and federal law, the company may terminate an employee at any time for any reason, with or without cause. Any termination of employment due to violation of company policies does not preclude the company to terminate employment for any reason. This at-will employment may not be modified by any oral or implied agreement or by any person, statement, act, series of events or pattern of conduct.

Employees who leave the company voluntarily are requested to give at least two weeks notice so that work assignments may be redistributed.

On termination, for any reason, employees will be entitled to only those benefits that are offered and have accrued at the time the separation takes place. Any benefits offered in this Handbook apply only so long as the Handbook is current.

I hereby acknowledge that I have read the At-Will Employment and Equal Employment Opportunity Statement.

The information I, _____ have provided in this application is true and accurate to the best of my knowledge.

Signature _____ Printed Name _____ Date _____