



R-2 CONTRACTORS, Inc.

PO BOX 1658 REDMOND, OR 97756 • P: 541-316-5143 • F: 888-211-7841 • CCB#195004 • WBE#8022

An Equal Opportunity Employer

Employment Application

| | | | |
|--------------------------------|--|--|--|
| Date: | | Position(s) you are applying for: | |
| NAME AND ADDRESS | | | |
| Social Security Number: | | Date of Birth: | |
| Name (Last, First, MI): | | Email Address: | |
| Mailing Address: | | Home Phone: | |
| City, State, Zip: | | Work Phone: | |
| | | Message: (If different) | |

- Are you over 18? Yes No
- Are you a citizen or legally admitted to seek work in the United States? Yes No
 If not a citizen of this country, what type of visa do you hold?

- Can you pass a pre-employment drug test, marijuana included? Yes No
- Is there any reason you may be unable to perform the functions of the job you are applying for? Yes No
 If yes, please explain: _____
- Rate of pay expected: _____
- Shift availability: Are you able to work nights/weekends when required? Yes No
- What languages do you: Speak Read Write _____

| EDUCATION/TRAINING HISTORY | | | |
|---|-----------------------------|--|----------------------------|
| Do you have a high school diploma or a GED (check one) | | | |
| School: | Name of School and Location | Graduated? | Degree Received/Major Year |
| High School: | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College: | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Graduate Work: | | | |
| Professional certifications/licenses: | | | |
| Other Training (Significant job-related training, seminars): | | | |

MILITARY HISTORY

| | | | |
|--|--------------------|--|--------------------------------|
| Have you had previous military experience? | | If yes, what country and Branch of Service? | |
| Date of Entry: | Separation: | Highest rank attained: | Major duties performed: |
| Honorable Discharge? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| Most Recent Employment: | | | | | |
|---|-------------------------|---|------------------------|----------------------|--|
| Name of Employer: | | Employer's address: | | Phone number: | |
| Kind of Business: | | Supervisor's Name, Phone & Fax Number: | | | |
| List the number of employees you supervised and list their job type: | | Supervision / Leadwork (Check all that apply) | | | |
| | | <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance | | | |
| From (Month /Year) | To (Month /Year) | Total time in current or last position: | Your Job Title: | | |
| | | Reason for Leaving: | | | |
| Duties/Driving Exp (List all duties you performed) | | | | | |
| | | | | | |

| Next Prior Employment: | | | | | |
|---|-------------------------|---|------------------------|----------------------|--|
| Name of Employer: | | Employer's address: | | Phone number: | |
| Kind of Business: | | Supervisor's Name and Phone Number: | | | |
| List the number of employees you supervised and list their job type: | | Supervision / Leadwork (Check all that apply) | | | |
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| | | | |

| PROFESSIONAL REFERENCES: | |
|---|---|
| In addition to the employers previously listed, please submit the following individuals as work-related or professional references. | |
| Name: Address: Phone No.: | What is your work/professional relationship: |
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| PROFESSIONAL CERTIFICATES AND LICENSES HELD: | |
|--|-------------------------------|
| List all Drivers Licenses Classes, Special Training Certificates and Professional Certifications which you currently hold. | |
| Name: Number | Name: Number |
| Name: Number | Name: Number |
| Name: Number | Name: Number |

CDL DRIVERS:

DRIVERS LICENSE NUMBER: _____

STATE: _____

ENDORSEMENTS: _____

EXPIRATION DATE: _____

ACCIDENT RECORD

| DATE | NATURE OF ACCIDENT | INJURIES |
|------|--------------------|----------|
| | | |
| | | |
| | | |
| | | |
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TRAFFIC CONVICTIONS RECORD

| DATE | NATURE OF ACCIDENT | INJURIES |
|------|--------------------|----------|
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| | | |
| | | |
| | | |

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE: YES _____ NO _____

HAS ANY LICENSE, PERMIT, PRIVILEGE EVER BEEN SUSPENDED OR REVOKED: YES _____ NO _____

If yes, please explain

AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. No facts or circumstances that would affect the use of this record have been knowingly withheld. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. (_____Initial here)

I understand that my employment can be terminated, with or without cause, at any time at either the company's or my discretion. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. (_____Initial here)

I understand the requirements of the job and I grant my prospective employer or agent full authority to verify information I have provided via drivers records criminal corrections, index and register files. (_____Initial here)

I authorize persons, schools and previous employees and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. (_____Initial here)

I agree to release from all liabilities all persons or corporations supplying such information. (_____Initial here)

I also do do not (check one) authorize R-2 Contractors, Inc. to contact my present employer for the aforementioned information.

Signature

Date