
APPLICATION FOR EMPLOYMENT

Location: _____ Date: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

*Harney Rock and Paving Co. employment practices operate under the legal doctrine known as "**employment at will.**" Within state and federal employment law, Harney Rock and Paving Co. has the right to terminate an employee at any time and for any reason, with or without notice. This "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Harney Rock & Paving Co.*

This application for employment shall be considered active for a period of 6 months.

AUTHORIZATION TO RELEASE INFORMATION TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company including those outlined in company's Employee Handbook.

Applicant's Signature

Date

Print Name

Phone Number

NAME _____

HOME PHONE _____ MOBILE NO. _____

ADDRESS _____ HOW LONG _____
STREET CITY STATE & ZIP

**ADDRESSES
FOR THE PAST
3 YEARS**

_____ HOW LONG _____
STREET CITY STATE & ZIP

_____ HOW LONG _____
STREET CITY STATE & ZIP

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

POSITION(S) APPLIED FOR _____ TEMPORARY, PART TIME OR FULL TIME _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ IF YES, WHEN _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED _____ IF SO, CAN WE CONTACT YOUR CURRENT EMPLOYER? _____ PHONE: _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? _____

IF YES, EXPLAIN IF YOU WISH OR HOW YOU CAN PERFORM THE JOB IN SPITE OF IT: _____

MILITARY STATUS (Voluntary)

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____

DATE: FROM _____ TO _____ RANK AT DISCHARGE _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 TRADE SCHOOL: _____

LAST SCHOOL ATTENDED _____ ADDRESS _____

EXPERIENCE AND QUALIFICATIONS – OFFICE

COMPUTER/OFFICE MACHINES	NAME	PROFICIENCY
WORD PROCESSING		___ SKILLED ___ COMPETENT ___ FAMILIAR
SPREADSHEET		___ SKILLED ___ COMPETENT ___ FAMILIAR
DATABASE		___ SKILLED ___ COMPETENT ___ FAMILIAR
TEN-KEY:		___ SKILLED ___ COMPETENT ___ FAMILIAR
OTHER:		

DRIVING & EQUIPMENT EXPERIENCE

TYPE OF TRUCK OR EQUIPMENT	DATES		MILES/HOURS APPROXIMATELY	TOTAL YEARS EXPERIENCE
	FROM	TO		

EMPLOYMENT HISTORY

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER			DATES			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP				
CONTACT PERSON	PHONE	REASON FOR LEAVING				
JOB DESCRIPTION/DUTIES:						

EMPLOYER			DATES			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP				
CONTACT PERSON	PHONE	REASON FOR LEAVING				
JOB DESCRIPTION/DUTIES:						

EMPLOYER			DATES			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP				
CONTACT PERSON	PHONE	REASON FOR LEAVING				
JOB DESCRIPTION/DUTIES:						

EMPLOYER			DATES			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP				
CONTACT PERSON	PHONE	REASON FOR LEAVING				
JOB DESCRIPTION/DUTIES:						

EMPLOYER			DATES			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE	REASON FOR LEAVING				
JOB DESCRIPTION/DUTIES:						

PERSONAL REFERENCES

NAME	ADDRESS	HOME/WORK PHONE	RELATIONSHIP/ASSOCIATION

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



PH. (541) 573-7855
FAX (541) 573-3532
EMPLOYMENT@HARNEYROCK.COM
CCB 51289

P.O. Box 800 HINES, OREGON 97738

Applicant: Do Not Fill Out. **Sign at the Bottom ONLY.**

INQUIRY TO PAST EMPLOYERS

To: _____

Date: _____

_____ has made application to this company for a position as _____ and states that he was employed by you as a _____ from _____ to _____.

Will you kindly reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. Please fax to (541) 573-3532.

Sincerely,

1. Is employment correct as stated above? _____
2. What kind (s) of work did applicant do? _____
3. Specify equipment applicant operated: _____
4. Number of accidents? _____ Number Preventable? _____
5. Did applicant have custody of money or valuables? _____
6. Were applicant's records properly kept? _____
7. Was general conduct satisfactory? _____
8. Did applicant show up on time? _____
9. Was applicant motivated? _____
10. Is applicant competent for the position seeking? _____
11. Reason for leaving: _____
12. Would you re-employ? _____
13. Additional remarks: _____

Date: _____

Completed by: _____

Print Name: _____

FORMER EMPLOYER LIABILITY RELEASE: You are hereby authorized to give Harney Rock and Paving Company all information regarding my services, character and conduct while employed with you company. You are released from any and all liability which may result from furnishing such information.

Date: _____

Applicant Signature: _____