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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
 Last First Middle

Present address _____
 Number Street City State Zip

Marital status: _____ Drivers license # _____ State _____

Telephone () _____ Social Security # _____

e-mail _____

Are you at least 18 years of Age ? Yes No

Are You Legally Eligible to work in the USA ? Yes No

Are you a Veteran of military service ? Yes No If Yes, please give Branch,
 Specialty, and kind of Discharge _____

EMPLOYMENT DESIRED

Position(s) applied for _____

When are you available to start work? _____

Who referred you to our Company or what prompted your application? _____

Have you ever worked for our Company before? ? Yes No If Yes, please give
 dates of employment and position you held. _____

Have you ever applied for work with our Company before? ? Yes No If Yes,
 please give date and job you applied for. _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	YEARS COMPLETED
High School				
College/ University/ Other				

WORK EXPERIENCE

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

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)

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

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been convicted of a felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

1) Regarding the job you have applied for, are you familiar with this job and do you understand the basic physical requirements needed to perform it? Yes No

2) If you answered yes to this question please answer this question: Are you physically able to perform this job safely and without significant risk of substantial harm to yourself or others? Yes No

Special Note/Section to Applicants with a Disability:

You may answer "Yes" to question 2) above if you can perform all the essential functions of the job with or without reasonable accommodation. The Company will provide reasonable accommodation to a person with a disability.

However, you are still not required to identify yourself as a disabled person on this Application Form.

If you can perform the essential tasks of the job only with an accommodation then please respond to this question: How would you perform the tasks and with what accommodation(s)?

3) Please describe your SAFETY RECORD over the past three years. Also, please mention in this description any accidents or 'near misses' you have had during the past year.

4) The Company has for a goal and a standard for its employees the highest possible attendance. Please describe your ATTENDANCE RECORD over the past three years. Also, please mention how many days off work you had during the last year for any reason.

AGREEMENT & RELEASE

PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING.

Then please sign this form at the bottom of the page.

Also, please initial each section indicating you have read that section.

WITH THIS APPLICATION BY MY SIGNATURE BELOW I AGREE TO ALL OF THE FOLLOWING TERMS:

1. I certify that the information I have provided on this Application Form and on my resume (if any) is true to the best of my knowledge.

Regarding this application, I understand that if the Company determines that I have made any false statements, answers or any misrepresentation or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment.

Applicant's Initials _____

2. In the event I undergo a medical examination or evaluation as a part of the job placement process of the Company I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or to the physician or to his or her representative, the Company is entitled to terminate my conditional or actual employment at any time.

Applicant's Initials _____

3. I authorize any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in response to an inquiry by the Company.

I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or to its representative or agent.

Applicant's Initials _____

4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his or her representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on this Application Form on the date below that no such inquiry be made.

Applicant's Initials _____

5. I understand that my employment at this Company is on an "at will" (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time.

Applicant's Initials _____

I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.

Signature _____

Date: _____