



**64682 Cook Ave #99**

**Bend, OR 97703**

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## APPLICATION FOR EMPLOYMENT

Employer considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, military status, disability, sexual orientation, gender identity, or any other applicable legally protected status.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Physical address \_\_\_\_\_  
Number Street City State Zip

Mailing address \_\_\_\_\_  
Number Street City State Zip

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years of Age? ☐ Yes ☐ No

If employed, can you produce verification of your eligibility to work in the United States? (Appropriate I-9 documentation on the first day of employment) ☐ Yes ☐ No

If hired and the ability to legally drive is an essential function of your job, can you produce a valid driver's license? ☐ Yes ☐ No

### 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 applied here before? ☐ Yes ☐ No When? \_\_\_\_\_

Do you have any commitments or agreements with another employer, person or entity which might affect your employment here, i.e., noncompete, nonsolicitation or nondisclosure obligations, etc.? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No  
If yes, please explain (include name of employer and date of termination):  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION
GED or 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
		From To
	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
		From To
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Name of Employer  
Address  
City, State, Zip  
Phone number

Name of last  
supervisor

Employment dates

From  
To

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.

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

If no, why? \_\_\_\_\_

Regarding the job you have applied for, are you familiar with the essential functions of the position?

☐ Yes ☐ No

If you answered yes to this question, please answer this question: Are you able to perform the essential functions of the position with or without reasonable accommodation? ☐ Yes ☐ No

## REFERENCES

References (individuals willing to provide professional and/or character references, other than family and relatives).

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

# AGREEMENT & RELEASE

## PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING.

Then please initial each section indicating you have read that section and sign this form at the bottom of the page.

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

1. I authorize investigation of all statements contained in this application. I understand that falsification, omission, or misrepresentation of any fact called for in this application or during the application process will result in immediate termination or removal of my application from consideration. I authorize the Company to obtain information about my experience from the employers and references listed in this application and I release those parties from any liability that might arise from supplying information in response to a request from the Company.

Applicant's Initials \_\_\_\_\_

2. 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. 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 \_\_\_\_\_

3. If I am employed by the Company, I agree to conform to the policies, rules and regulations of the Company. I also agree and understand that wages, hours, and working conditions are subject to change by the Company, at any time with or without notice. I understand that, if hired, my employment with the Company would be "at will," which means that it can be terminated at any time, with or without cause or notice by the Company, or myself. I understand that only an authorized officer of the Company has the authority to enter into any agreement other than for at-will employment, and then only in a signed writing. I understand that this application is not a contract of employment (express or implied) with the Company.

Applicant's Initials \_\_\_\_\_

4. I agree to submit to any pre-employment drug testing and post-employment drug and/or alcohol testing, as may be required by the Company.

Applicant's Initials \_\_\_\_\_

I certify that I have read and I understand the foregoing. I also certify that, to the best of my knowledge, all of the information contained herein is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_