

EMPLOYMENT APPLICATION

PACIFICA 14615 Watergap Road, Williams, OR 97544, 541.846.1100 (mail: PO Box 1, Williams 97544)

FORESTFARM AT PACIFICA 14643 Watergap Road, Williams, OR 97544, 541.846.7269

PERSONAL INFORMATION

Today's Date: _____

Last Name:	First Name:	Middle Initial:
Any other names used by you for employment or educational purposes:		
Street Address:		
City:	State:	Zip:
Mailing Address if different:		
Telephone Numbers: Land: Cell:	E-mail Address:	

Are you 18 years of age or more? Yes No

If hired, can you provide identification that establishes your legal right to work in the U.S.? Yes No
Social Security Number _____

POSITION APPLIED FOR

1st Choice: _____ 2nd Choice: _____

Type of work desired: Full time Part time Temporary/Seasonal On Call

Desired pay rate/hour \$ _____ Days able to work M T W Th F Sa Su Hours able to work Days Swing

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y or N If no, describe the functions that cannot be performed:

ADDITIONAL INFORMATION

If hired for a position that requires the operation of a company vehicle, can you provide a valid and current driver's license and a motor vehicle's department record? Yes No Do you have a CDL? Yes No

Have you ever been arrested or convicted of a crime (including a misdemeanor)? Yes No

If yes, explain here. Please note dates and dispositions. (A "yes" answer will not necessarily disqualify you from employment) _____

MILITARY SERVICE

Branch: _____ Rank _____ Dates from _____ to _____

Describe any military special skills, training, apprenticeships, or activities that you feel qualify you for the position:

EDUCATION

Type of School	Name and State	Years Completed	Graduated Y/N
High School			
Vocational/Trade			
Accredited College/University			
Type of Degree Obtained: <input type="checkbox"/> Associates <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> Other _____			What is your Major in?

Other trainings, certifications, or professional achievements:

Please indicate which software/equipment you have experience with and level of experience (check all that apply)

	Beginner	Intermediate	Expert
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other equipment _____			

REFERENCES

List the names, contact information for **3 Professional References** who know your job experience and abilities:

Name	Occupation	Telephone #	Fax # or Email Address

EMPLOYMENT HISTORY

List employment record for the last six jobs (cover at least the last **ten** years) starting with your most recent position; include military service, part-time work, and summer jobs. List all promotions with each job. **PLEASE NOTE** and explain any periods of unemployment of over **one** month on the back of this application form. Please complete this section even if you are attaching a resume.

Can our HR Department contact your present employer? Yes No

Company Name: _____	Position(s) held: _____
Address: _____	City: _____ State: _____
Zip Code: _____	Telephone Number(s): _____
Job Duties: _____	
Dates of employment (month/year) From: _____ To: _____	
Immediate Supervisor: _____ Reason for Leaving: _____	
Beginning salary: \$ _____ per: _____ Ending salary: \$ _____ per: _____	

Company Name: _____	Position(s) held: _____
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Zip Code: _____	Telephone Number(s): _____
Job Duties: _____	
Dates of employment (month/year) From: _____ To: _____	
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Immediate Supervisor: _____ Reason for Leaving: _____	

Beginning salary: \$ _____ per: _____ Ending salary: \$ _____ per: _____

EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY, PLEASE LIST TWO CONTACTS:

#1 NAME _____ PHONES _____

RELATIONSHIP TO YOU _____ ADDRESS _____

#2 NAME _____ PHONES _____

RELATIONSHIP TO YOU _____ ADDRESS _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

With a signature below, the applicant acknowledges the following:

Truthfulness: The applicant hereby states that the information contained in this application is true, correct and complete to the best of his/her knowledge. The applicant understands that falsification, omission, or misrepresentation of information on this application or any subsequent request for information made by Pacifica, Forestfarm at Pacifica or their agents are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including the possible termination of employment.

Background Check: The applicant hereby authorizes Pacifica or Forestfarm at Pacifica to conduct a routine inquiry during the initial and subsequent processing of this application form that will provide Pacifica or Forestfarm at Pacifica with applicable information concerning the applicant's character, general reputation, personal characteristics, job history, and any other information that is necessary to determine the applicant's suitability for employment. The applicant's signature below authorizes such inquiries to be held at any time during employment with Pacifica or Forestfarm at Pacifica should the applicant be employed by either.

Identification: The applicant acknowledges that Pacifica and Forestfarm at Pacifica policies prohibit hiring any person unless he/she presents documents that establish that person's identity and eligibility to work in the United States. The applicant acknowledges that providing such documentation is a condition of employment.

Drug Testing: The applicant acknowledges that successfully passing a drug and alcohol test is a condition of employment. The applicant also acknowledges that refusal to submit to such testing will result in the withdrawal of the offer of employment. The applicant also hereby authorizes the release of the results of any such testing to Pacifica or Forestfarm at Pacifica.

At Will Employment: The applicant acknowledges that this application for employment in no way implies a contract for employment between the applicant and Pacifica or Forestfarm at Pacifica. If employed by either Pacifica or Forestfarm at Pacifica, the applicant further understands that his/her employment is at will. Moreover, he/she is not being employed for any specified time period, and that employment is not guaranteed in any way through a contract unless defined specifically in a written agreement authorized and signed by Pacifica or Forestfarm at Pacifica management.

Health Examination: The applicant is aware that some positions at Pacifica or Forestfarm at Pacifica may require the applicant to undergo a health examination as a prerequisite for employment. The information from this examination will be utilized for the purposes of the application process.

General Release: The applicant hereby releases Pacifica, Forestfarm at Pacifica or their agents and any person or entity that provides or receives information pursuant to the above statements from any and all liability and any damage that may arise therefrom.

Applicant's Signature

Date

PACIFICA and FORESTFARM AT PACIFICA are DRUG-FREE and SMOKE-FREE WORKPLACES.