



# WESTERN OREGON WEB PRESS, INC.

263 29th Avenue SW, Albany, OR 97322 • (541) 926-3000 • FAX (541) 926-1515

## APPLICATION FOR EMPLOYMENT

(An Equal Employment Opportunity Employer)

### GENERAL

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Name (First, MI, Last) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date available for employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If employed and under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by this company?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name and number \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Type of work desired: \_\_\_\_\_

Wages desired: \_\_\_\_\_

Do you have a valid Oregon drivers license?  Yes  No

Can you perform the essential function of the job(s) for which you are applying?  Yes  No

Are you available to work:  Full-Time  Part-Time  Overtime

Have you pled guilty or been convicted of a felony?  Yes  No

(Please note that a "Yes" answer will not bar you from consideration for employment)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This company is an equal opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws*

## EDUCATION

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	High School	College	Graduate School
School Name	_____		
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____		

## SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

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Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

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List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

	NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EMPLOYMENT EXPERIENCE

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List your last 4 jobs starting with your current or last job. Do not omit any job.

EMPLOYER NAME	CITY, STATE	SUPERVISOR'S NAME AND PHONE #
_____	_____	_____

**Employed from** (mo./yr.) \_\_\_\_ / \_\_\_\_ to (mo./yr.) \_\_\_\_ / \_\_\_\_ **Salary** (hourly): Starting \_\_\_\_ Ending \_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## EMPLOYMENT EXPERIENCE CONTINUED...

EMPLOYER NAME	CITY, STATE	SUPERVISOR'S NAME AND PHONE #
_____	_____	_____

**Employed from** (mo./yr.) \_\_\_\_ / \_\_\_\_ to (mo./yr.) \_\_\_\_ / \_\_\_\_    **Salary** (hourly): Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

EMPLOYER NAME	CITY, STATE	SUPERVISOR'S NAME AND PHONE #
_____	_____	_____

**Employed from** (mo./yr.) \_\_\_\_ / \_\_\_\_ to (mo./yr.) \_\_\_\_ / \_\_\_\_    **Salary** (hourly): Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

EMPLOYER NAME	CITY, STATE	SUPERVISOR'S NAME AND PHONE #
_____	_____	_____

**Employed from** (mo./yr.) \_\_\_\_ / \_\_\_\_ to (mo./yr.) \_\_\_\_ / \_\_\_\_    **Salary** (hourly): Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes     No

I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of Western Oregon Web Press, Inc., or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.*

Yes     No

I also understand that no representative of the Western Oregon Web Press, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

Yes     No

**I have read, understand and agree with the above statements.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**This application is valid for only ninety (90) days from the date I signed.  
If I want to be considered for job openings more than ninety (90) days  
from date signed, I will submit a new application**