



THE SAUNDERS COMPANY

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PO BOX 536 Dundee, OR 97115 PH: 503-537-9950 FAX: 503-537-9952

APPLICATION FOR EMPLOYMENT APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____ Name _____ Mailing address _____ How long _____ Social Security No. _____ Telephone (____) _____ If under 18, please list age _____ Position applied for (1) _____ and salary desired (2) _____ Days/hours available to work No Pref _____ Thurs _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____ How many hours can you work weekly? _____ Can you work nights? _____ Employment desired [] FULL-TIME ONLY [] PART-TIME ONLY [] FULL- OR PART-TIME When available for work? Referred by:

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION, NUMBER OF YEARS COMPLETED, SUBJECTS/ MAJOR/DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
 Expiration date _____ Status of Driver's License _____

Have you had any motor vehicle accidents during the past three years? Explain below. How many? _____

Have you had any moving violations during the past three years? Explain below. How Many? _____

FOR OFFICE POSITIONS ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key		<input type="checkbox"/> No
					_____ WPM
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other		_____
	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills		_____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

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.**

May we contact your present employer? Yes No

Name of employer Address City, State, Zip Code 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:

Name of employer Address City, State, Zip Code 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:

Name of employer Address City, State, Zip Code 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:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **The Saunders Company, Inc.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbook, personnel manual, benefit plan, policy statement, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction in benefits.

I authorize the Company to investigate all statements contained in this application. I understand that the misrepresentation or omission of facts, no matter when or how discovered, called for is good cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any and all liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment, including but not limited to random testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I hereby consent to drug and alcohol testing at a time and place requested by the Company. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

