



APPLICATION FOR EMPLOYMENT

5115 Running Y Road, Klamath Falls OR 97601

Telephone 541-850-5573 Fax: 541-850-5571

Please answer all questions. If one does not apply, insert N/A (not applicable).

PERSONAL

Date Completed: _____

Name _____
(Please print) Last First M.I.

Last Four Digits of SS#: _____

Home Phone: () _____ Message Phone: () _____

Current Address _____
Street City State Zip

How did you hear about us: _____ Work Connection _____ Ad _____ Website _____ School _____ Employment Office _____ Other

Were you referred by a Running Y employee? If so, who? _____

Positions desired: 1) _____
2) _____
3) _____

Date Available to Start: _____

Type of employment desired:

- FULL-TIME
- PART-TIME
- SUMMER

Can you work overtime, if needed?

- YES NO

Can you work evenings, weekends and holidays?

- YES NO

Do you have the legal right to work in the U.S.? YES NO

Have you, since the age of 18, ever been convicted of a crime that has not been expunged from your record? YES NO

If yes, describe briefly:

Please note: A conviction record will not necessarily be a bar to employment.

Have you worked for the Running Y or any JELD-WEN company before? _____ Yes _____ No

Position: _____ Date: _____

Company and Supervisor: _____

	No. of Years	Degree/Diploma (If degree, identify type)
High School		
College		
Business, Trade, or Other		

Are you presently enrolled as a student? YES NO If yes, where? _____

Please list any other special training, skills, hobbies, and experience which you feel will benefit the Running Y. Also list all office equipment you can operate. _____

EMPLOYMENT RECORD -- Beginning with your present or last employer, list the last three jobs you have held.

NAME OF EMPLOYER (Present or Last)	JOB TITLE	BASE RATE OF PAY (Hourly/Weekly/Monthly) START END
(ADDRESS)	(CITY)	(STATE) AREA CODE PHONE ()
DATES EMPLOYED From: To:	NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:		
If still employed, may we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF EMPLOYER	JOB TITLE	BASE RATE OF PAY (Hourly/Weekly/Monthly) START END
(ADDRESS)	(CITY)	(STATE) AREA CODE PHONE ()
DATES EMPLOYED From: To:	NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:		
If still employed, may we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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DATES EMPLOYED From: To:	NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:		
If still employed, may we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERENCES -- List people (in addition to your prior employers) we may contact for additional information regarding your capabilities and work habits.

NAME	ADDRESS	(CITY)	(STATE)	(ZIP)	AREA CODE	NUMBER
					()	
					()	

CERTIFICATION & AGREEMENT — Read Carefully and Sign

Please read the following statements carefully before signing this application. Only those applications that are completely filled out, signed and dated are considered valid.

I certify that all answers or statements I have made in this application or other supplementary material are true and correct without omissions. I acknowledge that any false statement, misrepresentation or material omission on this application or supplementary materials may result in a refusal to hire, or an immediate dismissal if I am hired. I authorize you to contact any of my past employers, schools and personal references concerning my previous employment, education and personal history. I release this company and all persons and organizations so contacted from all claims and liabilities of any nature arising from such investigations or the supplying of such information. I understand that I will be required, and hereby agree, to submit to a drug and alcohol screening and may be required to undergo a fitness for duty exam as part of the hiring process. If hired, I agree to comply with all rules and policies established from time to time by the company. I understand, that if hired, my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. *Nothing in this application, or in any oral or written statement provided by the company to me, will limit the rights to terminate my employment at will, and no one will have authority to change the at-will relationship orally or in writing.* I have read and understand the foregoing statements and accept the same as conditions of employment.

Signature of Applicant _____ Date _____