



APPLICATION FOR EMPLOYMENT

Vanport Mechanical & Fire Sprinklers Inc. is an equal opportunity employer. The Company does not discriminate on the basis of gender, age, race, religion or sexual preferences, or any other type of discrimination prohibited by state local or federal law.

Application must be completed in full to be considered for employment

Date: _____ Position desired: _____

How did you hear about us? _____

Name: _____
(First) (Middle) (Last)

Phone Number: _____ Email Address: _____

Do you have a valid Driver's License? () yes () no DL #: _____

Current Address: _____
Street City State Zip

How long have you lived at your current address? _____
Years/months

Are you a citizen of the United States? () yes () no
If no are you authorized to work in the U.S.? () yes () no

Have you ever worked for this company before? () yes () no
If yes, when? _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or a felony?
() yes () no If yes, please give dates and explain: _____

Have you ever used another name? () yes () no If yes, names used: _____
Is there any additional information relative to a change of name? Or nickname necessary
to enable a background check? If yes, please explain: _____

On what date would you be available to start work? _____

Are you able to perform the essential function of the position for which you are applying,
either with or without reasonable accommodations? () yes () no

Record of previous employment

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, describe business and supply business references.

Company _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ month/year To: _____ month/year Reason for Leaving: _____

May we contact this employer for references? () yes () no

Company _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ month/year To: _____ month/year Reason for Leaving: _____

May we contact this employer for references? () yes () no

Company _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ month/year To: _____ month/year Reason for Leaving: _____

May we contact this employer for references? () yes () no

How many days of work have you missed in the last three year due to reasons other than paid holidays and vacation?

_____ year number of days

_____ year number of days

_____ year number of days

Education

High School: _____ City: _____

From: _____ month/year To: _____ month/year Did you Graduate? ()year () no
Degree: _____

College: _____ City: _____

From: _____ month/year To: _____ month/year Did you Graduate? ()year () no
Degree: _____

Military Service

Branch: _____ From: _____ month/year To: _____ month/year
Describe any relevant work experience acquire for the US armed forces: _____

List any certifications pertaining to the position in which you are applying, please include
expiration dates: _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information
in my application or interview may result in my release.

Signature: _____ Date: _____