



PO Box 208  
 McMinnville, Oregon 97128  
 Phone: 503-472-2109  
 Toll Free: 1-877-347-9581  
 Fax: 503-472-3127

[www.meiselrockproducts.com](http://www.meiselrockproducts.com)

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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 \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country?  
 Because of Visa or Immigration status? ( ) YES ( ) NO

Position(s) applying for: \_\_\_\_\_  
 \_\_\_\_\_

Wage desired: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which  
 you are applying? ( ) YES ( ) NO

Are you available to work ( ) FULL TIME ( ) PART-TIME ( ) OVERTIME

This company is an equal employment 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.



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### EDUCATION

	ELEMENTARY	HIGH	COLLEGE	TRADE
SCHOOL NAME	_____			
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY	_____			

### SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking. Include skills in the operation of machinery or equipment, if applicable:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### REFERENCES

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

Name	Occupation/Relationship	Years Known	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



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### EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last 3 jobs in order. Do not omit any job.

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Employer	Employed	Supervisor's Name
Address	From _____ mo/yr	
Telephone No.	To _____ mo/yr	Your job position
Your salary (hourly): Starting / Ending		Duties
What did you like most about your job?		
What did you like least about your job?		
Reason for leaving _____		

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Telephone No.	To _____ mo/yr	Your job position
Your salary (hourly): Starting / Ending		Duties
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### DRIVING RECORD

You do not have to fill this section out if you are not applying for a position that requires driving. However, if you do not fill it out, you will not be considered for any such positions.

Do you have a valid driver's license? ( ) YES ( ) NO

Do you have a CDL? ( ) YES ( ) NO Class ( ) A ( ) B ( ) OTHER ENDORSEMENTS \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ Type: ( ) Permanent ( ) Temporary

License Restrictions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of years driving: ( ) private passenger cars \_\_\_\_\_ yrs.  
 ( ) buses, trucks, tractor-trailers \_\_\_\_\_ yrs.  
 ( ) other \_\_\_\_\_ yrs.

Do you have a current CDL ( ) YES ( ) NO If yes what class \_\_\_\_\_

Endorsements \_\_\_\_\_

Has your license ever been suspended or revoked? ( ) YES ( ) NO

If yes, when, why and how long?  
 \_\_\_\_\_

Have you ever been convicted of any traffic violation?  
 Including parking citations? ( ) YES ( ) NO

If yes, complete the following:

Date	Type of violation/conviction	Fine or penalty
_____	_____	_____
_____	_____	_____

Have you ever been involved in an accident? ( ) YES ( ) NO

If yes, complete the following (list all accidents regardless of fault):

Date	Brief description of accident	Amount paid/by whom
_____	_____	_____
_____	_____	_____



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**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 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 the Company 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 company 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

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

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

\_\_\_\_\_  
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.