



Since 1980

HIGHWAY PRODUCTS

Established 1980 / 7905 Agate Road, White City, OR 97503 541-826-3551

APPLICATION FOR EMPLOYMENT
ALL NEW HIRES WILL BE DRUG TESTED

AN EQUAL OPPORTUNITY EMPLOYER

SOCIAL SECURITY NUMBER _____		FULL NAME REQUIRED / PLEASE PRINT _____			Date ___/___/___		
LAST NAME		FIRST	MIDDLE NAME		HOME/CELL PHONE		
ADDRESS STREET		CITY	STATE	ZIP	MESSAGE PHONE	E-MAIL	
HAVE YOU EVER BEEN TERMINATED FROM A JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHY _____							
POSITION(S) APPLIED FOR			MINIMUM ACCEPTABLE WAGE:		DATE AVAILABLE TO START:		
EDUCATION HIGHEST GRADE COMPLETED?							
	NAME	CITY/STATE	DATES	DEGREE	GRADUATE?		
HIGH SCHOOL/GED					<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE/TRADE SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No		
GENERAL INFORMATION							
HOW WERE YOU REFERRED		AVAILABLE FOR <input type="checkbox"/> Day <input type="checkbox"/> Graveyard <input type="checkbox"/> Part-time only <input type="checkbox"/> Swing <input type="checkbox"/> Weekend			EVER CONVICTED OF A FELONY <input type="checkbox"/> Yes <input type="checkbox"/> No	18 OR OVER <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> Yes <input type="checkbox"/> No		TRANSPORTATION <input type="checkbox"/> Car <input type="checkbox"/> Ride <input type="checkbox"/> Bus <input type="checkbox"/> Bike	EMERGENCY CONTACT PERSON Name: _____ Phone: _____ Relationship _____			HOBBIES	
CHECK EQUIPMENT YOU CURRENTLY HAVE AVAILABLE <input type="checkbox"/> Welding equipment <input type="checkbox"/> Safety glasses <input type="checkbox"/> Respirator <input type="checkbox"/> Steel toe safety boots <input type="checkbox"/> Tools <input type="checkbox"/> Other _____							
EMPLOYMENT HISTORY							

		Starting Date		Ending Date		Pay	
1. EMPLOYER		Month	Year	Month	Year	Final	PHONE ()
ADDRESS		REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY, STATE, ZIP		JOB DUTIES					
JOB TITLE							

		Starting Date		Ending Date		Pay	
2. EMPLOYER		Month	Year	Month	Year	Final	PHONE ()
ADDRESS		REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY, STATE, ZIP		JOB DUTIES					
JOB TITLE							

ADDITIONAL EMPLOYMENT HISTORY

3. EMPLOYER	Starting Date		Ending Date		Pay		PHONE ()
	Month	Year	Month	Year	Starting	Final	
ADDRESS	REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP	JOB DUTIES						
JOB TITLE							

4. EMPLOYER	Starting Date		Ending Date		Pay		PHONE ()
	Month	Year	Month	Year	Starting	Final	
ADDRESS	REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP	JOB DUTIES						
JOB TITLE							

5. EMPLOYER	Starting Date		Ending Date		Pay		PHONE ()
	Month	Year	Month	Year	Starting	Final	
ADDRESS	REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP	JOB DUTIES						
JOB TITLE							

6. EMPLOYER	Starting Date		Ending Date		Pay		PHONE ()
	Month	Year	Month	Year	Starting	Final	
ADDRESS	REASON FOR LEAVING			SUPERVISOR'S NAME		MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP	JOB DUTIES						
JOB TITLE							

PERSONAL REFERENCES

NAME: _____	HOW LONG KNOWN	E-MAIL	PHONE	MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME: _____	HOW LONG KNOWN	E-MAIL	PHONE	MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME: _____	HOW LONG KNOWN	E-MAIL	PHONE	MAY WE CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK APPLICABLE SKILLS

CLERICAL
<u>ACCOUNTING</u>
<input type="checkbox"/> 10-Key by Touch
<input type="checkbox"/> Payroll
<input type="checkbox"/> Manual <input type="checkbox"/> Computer
<input type="checkbox"/> FC Bookkeeper
<input type="checkbox"/> Reconciliation
<input type="checkbox"/> General Ledger
<input type="checkbox"/> A/P
<input type="checkbox"/> A/R
<input type="checkbox"/> Computer Taxes
<input type="checkbox"/> Collections
<u>COMPUTER</u>
<input type="checkbox"/> Excel
<input type="checkbox"/> MS Word
<input type="checkbox"/> Windows
<input type="checkbox"/> CAD
<input type="checkbox"/> Other
<hr/>
<input type="checkbox"/> CUSTOMER SERVICE
<input type="checkbox"/> DATA ENTRY
<input type="checkbox"/> FILING
<input type="checkbox"/> MARKETING BACKGROUND
<input type="checkbox"/> PURCHASING
<input type="checkbox"/> RECEPTIONIST
<input type="checkbox"/> Multi-Line Phone System
<input type="checkbox"/> SECRETARIAL
<input type="checkbox"/> Typing <input type="checkbox"/> Speed _____
(wpm)

EQUIPMENT MACHINERY
<input type="checkbox"/> CNC PROGRAMMER
<input type="checkbox"/> DRILL PRESS
<input type="checkbox"/> FORKLIFT
<input type="checkbox"/> GRINDER
<input type="checkbox"/> PNEUMATIC TOOLS
<input type="checkbox"/> PRESS BRAKE
<input type="checkbox"/> PUNCH BRAKE
<input type="checkbox"/> SHEAR OPERATOR
<input type="checkbox"/> SAWS (chopsaw; bandsaw)
<input type="checkbox"/> OTHER
<hr/>
<hr/>

GENERAL INDUSTRIAL
<input type="checkbox"/> ASSEMBLY
<input type="checkbox"/> BOAT ASSEMBLY
<input type="checkbox"/> FABRICATING <input type="checkbox"/> Blueprints
<input type="checkbox"/> INVENTORY
<input type="checkbox"/> JANITORIAL
<input type="checkbox"/> MECHANICALLY INCLINED
<input type="checkbox"/> PACKAGING
<input type="checkbox"/> PAINTING
<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> PRODUCTION
<input type="checkbox"/> QUALITY CONTROL
<input type="checkbox"/> SAFETY TRAINING
<input type="checkbox"/> SHIPPING/RECEIVING
<input type="checkbox"/> WAREHOUSE
<input type="checkbox"/> WELDING
<input type="checkbox"/> Apprentice
<input type="checkbox"/> Journeyman
<input type="checkbox"/> Certified
<input type="checkbox"/> ARC (stick)
<input type="checkbox"/> ARC (line/wire feed)
<input type="checkbox"/> Gas Weld
<input type="checkbox"/> MIG (line feed)
<input type="checkbox"/> TIG (alum/titanium)

APPLICANT – PLEASE READ THIS AUTHORIZATION BEFORE SIGNING

I understand it is the policy of Highway Products, Inc to require candidates for employment to consent to pre-employment and random drug screening and a pre-employment physical. Highway Products, Inc is responsible for the cost involved. All offers of employment are contingent upon passing the drug screen and the physical.

In the event of an industrial accident, a test for drugs, controlled substances and alcohol will be required as part of the medical examination of the injury. I authorize any company, agency, physician or person to release information concerning my medical condition to Highway Products, Inc.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize Highway Products, Inc to conduct any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau of their choice.

Applicant Signature

Date

APPLICANT AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize my past employers to release information to Highway Products, Inc. regarding my employment. This release of information covers my employment record in general, including information on the following questions:

Dates of employment;

Positions held;

The quality and quantity of my work;

My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences);

My relationship with co-workers, supervisors, and managers;

My attitude toward work (cooperative? positive? Etc.);

Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?);

Strong and weak points;

Willingness to comply with policies and standards;

Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior;

Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected.

Print Name

Signature

Date