

APPLICATION FOR EMPLOYMENT

Name of Applicant:		_	
Date:			

Before Gelco will consider your application, the application must be accompanied by a current copy of your driving record from the Department of Motor Vehicles (DMV). For Oregon applicants, the type of DMV report required is a "Certified Court Print". For California applicants, the type of DMV report required is a "Long Form". For Washington applicants, the type of DMV report required is a "5-Year Record".

An Equal Opportunity Employer

Gelco will not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, national origin, or because they are disabled, a disabled veteran, a Vietnam era veteran or other protected status in accordance with applicable law. Answers to application questions will be utilized for applicable, job-related information only.

APPLICATION FOR EMPLOYMENT

Date:						
Last Name:	First Name:		I	Middle Nam	ie:	
Work Phone:	Home Phone					
Are you under 18 years of age?	Will visa or status p	revent lawfi	ul employn	nent?		
Yes No		Yes	No			
Present Address:	City		State:		Zip Code:	
Do you have a valid State Driver's License?		Yes	No			
State of issue:	Number:		Class:			
Position applying for:	Wages / Salary desi	red:				
Position applying for:	Wages / Salary desi	red:				
Position applying for:	Wages / Salary desi	red:				
Have you ever applied for employment or been empl	oyed by Gelco before	∂ ?		Yes	No	
If yes, when?	What position?					
Names of any friends or relatives employed at Gelco	(answer does not nec	cessarily exe	empt you fr	om employi	ment):	
In case of emergency notify:	Address			Phon	e	
Type of employment you are seeking:	Full F	Part Time	Tem	porary	Summer	
Date available:						
Is overtime acceptable? Yes No Yes	ceptable? Is shift	work accept Yes	table? No	Is travel acc	eptable? Yes No	
If hired, do you have a reliable means of transportation	on?	Yes	No			
Can you meet the attendance requirements of the job	?	Yes	No			
Can you perform the essential functions of the job? used to determine if accommodations are necessary.)		a separate s Yes	heet if neco	•	sinformation	will be
Would you take a pre-placement physical examination	on if it is required?		Ye	es No)	
If employed, will you consent to drug testing as required by Gelco or according to law? Yes No						
Have you ever been convicted of a felony that has not been expunged by court order? (Conviction will not necessarily disqualify you from employment.) California applicants do not answer: If Yes, Explain: Yes No						

References List at least 3 references	nces (not relatives) we may contac	ct who are qualif	ed to evaluate vo	our capabilities o	or work ethics
	ork history and ability. Address	Phone Phone	Occupation Occupation	_	ars Known
Skills Describe the skills w	1	lvina fo	. Trade drille	' - 11	· C · · · · · · · · · · · · · · · · · ·
Describe the skills you and machinery. If ap	ou have related to the position you oplicable.	u are applying to	r. Include skills	in the operation	of equipment
Military Serv	rice				
Countty	Branch of Service		Specialty		
Dates of Service	From:		То:		
Education					
School or Institution	Name of School City and State	Years Completed	Field of Study	Graduated (Yes or No)	Degree or Diploma
Elementary					
High School					
College					
Trade or Business					
Other					
What subjects did you like best?		What subjects did you like the least?			
Honors or awards received:		Profes	sional Certificate	es or license held	l:
Are you taking any educational courses at present? If Yes, what and where:			Yes	No	

Employment History List your present or most recent employer first					
Employer	Employed From:		То:	Supervisor's name	
	Employed 110m.		10.	•	
Address				Job tile	
Phone	Salary:	Starting: \$		Ending \$	
Duties					
What did you like most about	this job?				
What did you like least about	his job?				
Reason for leaving:					
Employer	Employed From:		То:	Supervisor's name	
Address				Job tile	
Phone	Salary:	Starting: \$		Ending \$	
Duties					
What did you like most about	this job?				
What did you like least about	this job?				
Reason for leaving:					
Employer	Employed From:		То:	Supervisor's name	
Address				Job tile	
Phone	Salary:	Starting: \$		Ending \$	
Duties					
What did you like most about	this job?				
What did you like least about this job?					
Reason for leaving:					
1 certify that the answers given herein are true and complete to the best of my knowledge.					
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
My employment is not guaranteed for any term, and my employment may be terminated by the company or myself, without notice, at any time and for any reason. No management official is authorized to make any oral assurances or promises of continued employment, future positions, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President and me.					
In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in immediate discharge, I understand, also, that I am required to abide by all rules and regulation of Gelco as they presently exist or are later modified.					
Signature:				D.	
				Date:	

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, THE UNDERSIGNED, HEREBY AUTHORIZE AND REQUEST ANY PRESENT OR FORMER EMPLOYER, EDUCATIONAL INSTITUTION, LAW ENFORCEMENT AGENCY, FINANCIAL INSTITUTION, OR OTHER PERSONS HAVING PERSONAL KNOWLEDGE ABOUT ME TO FURNISH GELCO AND/OR ITS AGENTS, WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING MY EMPLOYMENT, EDUCATION, CHARACTER AND QUALIFICATIONS IN CONNECTION WITH AN APPLICATION FOR OR RETENTION OF EMPLOYMENT. FURTHER, I HEREBY RELEASE FROM LIABILITY AND HOLD HARMLESS ALL PERSONS AND CORPORATIONS SUPPLYING THIS INFORMATION TO GELCO AND/OR ITS AGENTS, A PHOTOCOPY OF THIS AUTHORIZATION IS AS EFFECTIVE AS THE ORIGINAL,



CONSTRUCTION CO,

1745 Salem Industrial Drive NE Salem, Oregon 97303 (503) 364-2638

Voluntary Affirmative Action Questionnaire

Name		Phone	
Address	City	State	Zip Code
Applicants are considered for sex, national origin, age, man			ment without regard to race, color, religion,
	ment record keeping, repo		affirmative action responsibilities, solely to lease fill out this questionnaire. We
This information will be kep government reporting purpo		om the application for employme	ent and will be used for periodic
Position Applying for:	Administrative/Cl Craft Equipment Opera Labor		Professional Sales Supervisory/Management Technical
Referred By:	Walk-In Recruitment Advertisement Other		_
Personal:	Male Female		White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other
SPECIAL EMPLOYMEN' WITH PHYSICAL OR ME			ERA VETERANS AND INDIVIDUALS
they take affirmative action to	to employ and advance in bilitation Act of 1973, as	employment qualified disabled amended, which requires gover	ustment Act of 1974 which requires that veterans and veterans of the Vietnam Era, nment contractors to take affirmative action
is to provide information reg	arding proper placement his information will be tr	and appropriate accommodation eated as confidential. Failure to	o volunteer this information. The purpose in to enable you to perform the job in a provide this information will not
If you wish to be identified, DISABLED INDI		DISABLED VETERAN	VIETNAM ERA VETERAN
Applicant's Signat	ure		Date

AN EQUAL OPPORTUNITY EMPLOYER MALES/FEMALES/MINORITIES/VETS/DISABLED