

WILLIAMSEN & BLEID

**A Portland Coatings Company
1835 N. Flint Portland, OR 97227
503-288-5241
503-288-4101 Fax
www.williamsenbleid.com**

Application For Employment

This company makes its employment decisions without regard to race, sex, national origin, religion, martial status, age, and prior industrial, mental or physical handicaps. Or any other protected classification unrelated to job performance.

This company does not hire applicants who must smoke while on the job.

This application will be considered only for the specific job applied for, it will not be retained. If you desire to be considered for a position in future time, you must file a new application.

Job applying for: _____	Date _____	
Name: _____	_____	_____
(Last)	(First)	(Middle)
Address: _____	_____	_____
City, State, Zip: _____	_____	_____
Telephone# _____	Last four digits of Social Security# _____	_____
Are you over 18 years of age? _____	Do you have a valid Drivers License _____	_____

It is the company's policy to comply with the provisions of the immigration reform & control Act of 1986 and to hire only authorized workers. If you are hired you will be asked to provide the verification of your eligibility. The type of verification required may change from time to time as federal regulations are issued or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the company.

Please describe any education, training, qualifications, or skills that you think are relevant to the position for which you are applying. _____

Have you ever worked for this company before _____ Dates worked _____

Position Held _____ How did you become aware of this opening _____

Do you have experience in the following?

Matching colors _____ Spray _____ Roll _____ Paper Hanging _____
Vinyl Hanging _____ Brush _____ Other _____ Swing _____ Stage _____
Flexwood _____

Special areas of expertise:

Please list most recent employers first.

Company Name _____ Phone# _____
Company Address# _____
Immediate Supervisor _____ Dates worked _____
Position Held _____ Last Salary _____
Job Responsibilities, equipment operated _____

Reason for leaving _____
May we make inquiries of previous Employer's _____

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Give the name of three persons to whom you are not related. These people should have known you for several years.

Full Name _____ Phone _____ Relationship _____

Full Name _____ Phone _____ Relationship _____

Full Name _____ Phone _____ Relationship _____

The nature of our business requires employees to maintain regular attendance and to work day & evening shifts. If for any reason you would not be able to be present regularly during these shifts please indicate which shifts you cannot work regularly:

Can you perform the functions of the desired job with or without reasonable accommodation? If you require accommodation, please explain what accommodation would permit you to perform the duties in Question:

Please list any criminal convictions (Other than traffic infractions sustained within the last 10 years).
Convictions will not necessarily bar you from employment.

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of employment.

APPLICANT

DATE