



East County Office
5441 W. Hwy 20
PO Box 357

Toledo, OR 97391
Phone: 541.336.2932
Fax: 541.336.4817

Waldport Office
235 SW Dahl Ave.
PO Box 1059

Waldport, OR 973943
Phone: 541.563.3888
Fax: 541.563.7373



Employment Application

APPLICATION INFORMATION			
Last Name:	First:	M.I.	Date:
E-Mail Address:		Date of Birth:	
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	Driver's License #:		
Date Available:	Social Security No.:	Desired Salary:	
Position Applied For:			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			

EDUCATION			
High School:		Address:	
From:	To:	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES
<i>Please list three professional references</i>

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Employment Application Continued:

PREVIOUS EMPLOYMENT		
Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From: To:	Reason For Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From: To:	Reason For Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From: To:	Reason For Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY EXPERIENCE	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

DISCLAIMER AND SIGNATURE:

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any omission, false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment, regardless of when or how discovered.

I understand that Dahl & Dahl is an "at will" employer, and that no representative of Dahl 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 may be specifically set out in a current written agreement.

I understand that, should employment be extended to me, I may be subject to the satisfactory results of any job-related pre-employment examination required by Dahl and Dahl Inc, including a blood and/or urine test to detect drug usage, and by my signature indicate my consent to such testing. I also understand that Dahl and Dahl Inc, uses Oregon State Patrol Database for background checks.

I hereby authorize my past employers to release information to Dahl regarding my employment. I give my permission for representatives of Dahl to check references with any and all work-related contacts, including those listed on my employment application, those provided specifically by me, and any other contacts that may surface during the course of the hiring process. I understand that these references will be confidential and I will not have access to them. I indemnify and release Dahl and all providers of information from any liability as a result of furnishing and receiving this information. This release of information covers my employment record in general, including information on the following: dates of employment; positions held; the quality and quantity of my work; my attendance habits (excluding workers' compensation, pregnancy, disability and protected absences); my relationship with co-workers and supervisors; my attitude toward work; reasons for leaving and eligibility for rehire; strong and weak points; whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others,; and other relevant information regarding my performance, skills, ability and, suitability for employment sought.

Signature:

Date: