FAX to: 503.684.8164



## **Employment Application**

Applicant Information									
Full Name:					Date:				
	Last		Firs	t		M.I.			
Address:	Street Address						Apartment/Unit #		
	Olivet Address						пранитони отт <del>н</del>		
	City					State	ZIP Code		
Phone:					Email				
		l Security	_		Desired Salary:\$				
Docition Ann									
Position App	lied for:						_		
Are you a citizen of the United States?			YES	NO	YES NO If no, are you authorized to work in the U.S.?				
			YES	NO					
Have you ev	er worked for this o	company?	\/50	NO	If yes, when?_				
Are you currently employed?			YES	NO					
May we contact your employer?			YES	NO					
Are you currently on "lay-off" status or subject to recall?			YES	NO					
Have you been convicted of a felony within the last seven years?			YES	NO	Conviction will not ne If yes please expl	ecessarily disqualif ain:	y employment.		
Can you trav	vel if required?		YES	NO					
Are you avai	lable to work?	Full Time	Par	t Time	Shift Work	Temporar	у		
How did you	hear about us?								
				Edι	ıcation				
High School	: <u> </u>			Addres	s:				
From:	To:		Did you gı	raduate	YES NO	Diploma:			
College:				Addres	s:				
From:	To:		Did you gı	raduate	YES NO	Degree:			

Graduate School:	Address:_								
From: To: Did yo	u graduate?	YES	NO	Diploma:					
Other:	Address:_								
From: To: Did yo	u graduate?	YES	NO	Degree:					
	Train								
Please describe any specialized training, apprenticeship, job-related skill or extra-curricular activities									
	Specialize	ed Ski	lls						
Please check any skils or operational experie									
10 Key Internet		Verti	cal Mill		Fork Lift				
PC MS Office		Lathe	е		Shear				
MacIntosh Phone System	ns	CNC	Mill		Break				
Data Entry		Welc	ling		Drill Pre	SS			
	Langu	ages							
Please indicate any foreign languages you sp	eak, read ar	nd/or wr	rite						
Fluent		Go	od			air			
Speak									
Read									
Write									
	Additi		tion						
Please add any additional information which i			ntion						
			ntion						
			ntion						
			ntion						
	may be of co	nsidera	ation						
		nsidera	ation						
Please add any additional information which i	may be of co	nsidera	ntion	Relati	onship:				

Address:			
Full Name:			Relationship:
Company:			Phone:
Address:			
Full Name:			Relationship:
Company:			Phone:
Address:			
		Previous Employment	t
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary:	Ending Salary:\$
C			
From:	To:	Reason for	Leaving:
May we contact your pre	evious supervisor fo	YES or a reference?	NO
Company:			Phone:
۸ مامارده ده .			Cupaniaan
Job Title:		Starting Salary:\$	Ending Salary:\$
Responsibilities:			
From:	To:	Reason for	Leaving:
May we contact your pre	evious supervisor fo	YES or a reference?	NO
Company:			Phone:
Addross:			Cupanipar
Job Title:		Starting Salary:	Ending Salary: <u>\$</u>
Responsibilities:			
From:	To:	Reason for	Leaving:
May we contact your pre	evious supervisor fo	YES or a reference?	NO

Military S	ervice	_				
Branch:	From: To:					
Rank at Discharge:	Type of Discharge:					
-	Type of Disoriarge.					
If other than honorable, explain:						
Are you capable of performing in a reasonable manner, wit the essential activities involved in the job or occupation for	h or without a reasonable accommodation	n, YES	NO			
I certify that my answers are true and complete to the best	of my knowledge.					
If this application leads to employment, I understand that fainterview may result in my release.	lse or misleading information in my appli	cation or				
Signature:	Date:					
Release and Verific	ation Statement					
I understand that this application and any attachm	ent are the property of Sensoray Compa	ny, Inc.				
I authorize Sensoray Company, Inc. to investigate my past employment or education and any other matters that Sensoray Company, Inc. deems relevant. I authorize you to request and receive such information and I release all such parties from all liability for any damage that may result from furnishing such information to you. I also release Sensoray Company, Inc. from all liability which might result from making the investigation.  Any offer of employment tendered me is based upon my agreement to abide by the rules and regulations of Sensoray Company, Inc. and acknowledgement that such rules and regulations may be changed interpreted, or withdrawn by Sensoray Company, Inc. at any time without prior notice to me. understand that this application is not an employment contract and, as such, does not guarantee nor imply permanent employment. I understand that if offered employment, said employment is "at will", a employment may be discontinued by either me of Sensoray Company, Inc. at any time.  I understand that any offer of employment is subject to a pre-employment drug and/or alcohol screen. agree to such testing at the company's expense and I authorize release of the results and their use to evaluate my suitability for employment. I understand that, if employed, I may be required to submit to testing in several different circumstances. I also release Sensoray Company, Inc. from all liability arisi out of or connected with any examinations, inquiries and/or testing. Ask to see a copy of our employer alcohol and drug policy if you have any questions.						
Certification an	d Signature					
I certify that the statements made by me in this approximate documents or interviews are true, complete, and of good faith. I hereby grant Sensoray Company, Incorpurpose of confirming the information contained in documents or interviews. I understand that falsific made by me on this application process may disappear ally will result in denial of employment or ter I have read each statement contained in the employment or the information contained in the application provided by me is true and complete.	correct to the best of my knowledge and a c. permission to contact any person or en- in this application and any attachments, su cation of any statement or omission of info ualify me for further consideration for em- mination, regardless of when and how dis- oyment release and verification statemer	are made ir tity for the upplementa ormation ployment a scovered. nt. I have a	al and			

Signature of Applicant:

Date:\_