

Oregon Armored Services

(10 Employment Application)

Please Read Before Completing this Application (as of 2-26-2009)

We are pleased you are interested in applying for a position with Oregon Armored Services. We are an equal opportunity employer that does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, disability, veteran status or any other basis protected by federal, state, or local law.

Oregon Armored Services welcomes the opportunity to provide reasonable accommodation to applicants with disabilities. If you require an accommodation during the employment process, please notify your interviewer.

Please type or print in ink. **Answer all questions and do not substitute a resume for a completed application.**

PERSONAL INFORMATION

Last Name: _____ First Name: _____ : Middle Name: _____

Current Address: _____

Mailing Address (if different than street address): _____

Home Phone: _____ Cell Phone: _____ other # _____

Social Security Number: _____ DOB _____

Have you previously applied with OAS? Yes No

If yes, position applied for and date: _____

Were you interviewed for this position? Yes No

Have you ever been employed with OAS? Yes No

If yes, position held and date: _____

Do you have any relatives or friends employed at OAS? Yes No

If yes, Name and Relation: _____

AVAILABILITY

Position Applying for: _____ Date Available to Start: _____

Employment Status Desired: Full-time Part-time Temporary

Schedules you are available: Weekdays Weekends Evenings Overtime

SECURITY

Have you used any names or Social Security Numbers other than listed above? Yes No

If yes, please list here: _____

In your lifetime have you ever been convicted of a Crime, felony or Misdemeanor? Yes No

If yes, indicate the nature, date, court and disposition of the offense: _____

(Conviction in itself does not constitute an automatic bar to employment. Each situation will be decided on its own merit)

DRIVERS

If applying for a position that requires you to drive a company vehicle you must be at least 21 years of age (insurance provider requirement).

A Pre-Employment Oregon Department Of Transportation Physical and Drug test will be required at the time of Hire.

I _____ will attend the Physical and drug test as scheduled per ODOT requirements.

SHOW ALL LICENSES HELD IN LAST 3 Years.

Drivers License Number: _____ State of Issue: _____ CDL: Yes No
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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

Dates	Nature of accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than parking violations)

Location	Date and Type	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach sheet if more space is needed)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

If applying for a driving job date of last drug test & results and copy of current card: _____

EMPLOYMENT HISTORY

10 years of employment history, include part-time, self-employment, military service, unemployment and volunteer work.

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need to.

List all employment (include part-time, self-employment, military service, unemployment and volunteer work). Begin with most recent position leave no blanks in the time line; include any activity that would fulfill the gaps such as school or unemployment must equal a total of 10 years of employment.

(Attach additional sheet if necessary).

Dates Employed _____ to _____ Job Title _____

Company Name: _____

Company Address: _____

Responsibilities, accomplishments, skills/knowledge gained: _____

Supervisor's Name: _____ Phone Number: _____ Ending Salary: _____

Reason(s) for leaving: _____

May we contact this employer? Yes No If no, please explain _____

List all employment (include part-time, self-employment, military service, unemployment and volunteer work). Begin with most recent position leave no blanks in the time line; include any activity that would fulfill the gaps such as school or unemployment must equal a total of 10 years of employment.

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Company Name: _____

Company Address: _____

Responsibilities, accomplishments, skills/knowledge gained: _____

Supervisor's Name: _____ Phone Number: _____ Ending Salary: _____

Reason(s) for leaving: _____

May we contact this employer? Yes No If no, please explain _____

RESIDENCE HISTORY

10 years of residence history, include part-time residence, military service residence, and volunteer residence.

(Attach additional sheet if necessary).

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to verify previous residence, the correct telephone numbers of past residence are critical. Ask for a phone book or call information if you need to.

List all residence (include part-time residence, military service residence, and volunteer residence). Begin with most recent residence leave no blanks in the time line; include any activity that would fulfill the gaps such as school or unemployment must equal a total of 10 years of residency.

Dates Resided: From: _____ to: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact: _____

Comments: _____

Reason(s) for leaving: _____

List all residence (include part-time residence, military service residence, and volunteer residence). Begin with most recent residence leave no blanks in the time line; include any activity that would fulfill the gaps such as school or unemployment must equal a total of 10 years of residency.

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Dates Resided: From: _____ to: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact: _____

Comments: _____

Reason(s) for leaving: _____

(Attach additional sheet if necessary).

Character References

Fully list three names, addresses and phone numbers of three people you have known for at least 5 years, your references cannot be related by blood or marriage.

1. Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

2. Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

3. Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

EDUCATION & TRAINING

	Name of School Address	Circle Last Year Completed				Diploma/ Degree Certificates	Major Courses
High School/GED	_____	9	10	11	12	_____	_____
College/University	_____	1	2	3	4	_____	_____
Graduate School	_____	1	2	3	4	_____	_____
Vocational Training	_____	1	2	3	4	_____	_____
Firearms/Security Training	_____					_____	_____

Please read carefully and sign and date below.

I certify that the information contained in this application is true and complete. I understand and agree that any misrepresentation or omission by me in this application will result in my disqualification from further consideration of employment or termination of my employment.

I understand that, if selected, I will be required to provide proof of my identification and my legal right to work in the United States prior to actual employment.

I authorize Oregon Armored Services to contact any of my past or current employers and/or schools, and authorize my past/current employers and/or schools to furnish any information concerning my employment and/or education. I release Oregon Armored Services and all employers and schools from liability for any damages that may result from furnishing information to Oregon Armored Services.

I understand that additional testing of job-related skills and for the presence of drugs in my body may be required prior to employment. After an offer of employment, and prior to reporting to work, I may be required to submit to a medical review. Depending on company policy and the needs of the job, I may be required to complete a medical history form and I may be required to be examined by a medical professional designated by Oregon Armored Services.

I understand that this application in no way represent a contract of employment between Oregon Armored Services and myself. I also understand that, if I am hired, Oregon Armored Services or I may terminate the employment relationship at any time, with or without cause, with or without notice.

Applicant Signature

Date

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME
(PLEASE INCLUDE Jr., Sr., II, III, Etc.)

Understand that in conjunction with my application for employment, Oregon Armored Service, Inc. will use the services of an outside agency to research and verify my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Oregon Armored Service, Inc. Oregon Armored Service, Inc. uses Informed Decision as an agent to perform background verifications.

I also understand that Informed Decision will utilize various sources of information as it may deem appropriate which include but are not limited to: credit reporting agencies, criminal and civil court records, Department of Motor Vehicle records, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, present and former employers, school records, military records workers' compensation, professional and personal references.

I request, authorize and consent to the release and disclosure of all applicable sources of information, including, but not limited to those listed above to Oregon Armored Service, Inc. and Informed Decision. I unconditionally release and hold harmless Oregon Armored Service, Inc. and Informed Decision and any named or unnamed corporation, company, custodian of records or information from any and all liability resulting from furnishing information about me.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character and personal reputation, this authorization in original or copy form, shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency.
Law enforcement officials, for identification purposes, require this information. It is CONFIDENTIAL and will NOT be used for any other purposes.

Signed Today's date

Printed Name Position Applied For

Social Security Number Date of Birth Drivers License Number State

GENDER: MALE _____ FEMALE _____ **RACE:** ASIAN _____ BLACK _____ CAUCASIAN _____ INDIAN _____ OTHER _____

Other names you have used or are also known as: _____

Please list all addresses for the last seven (7) years.
****PLEASE BE SURE TO INCLUDE THE COUNTY****

Current Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

*******EDUCATION INFORMATION*******

Name of University: _____ City and State _____
Dates of Attendance: _____ Degree: _____

