



# NORTHWEST DISTRIBUTION & STORAGE

## APPLICATION FOR EMPLOYMENT

Office • Clerical

### ANSWER ALL QUESTIONS

You may save a copy of this completed form. Please print, sign, date and return the completed application and additional forms to Northwest Distribution & Storage | PO Box 3670 | Salem, OR 97302

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

### GENERAL INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### ADDRESSES FOR PAST THREE YEARS: (ATTACH SHEET IF NECESSARY)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO

ARE YOU OVER 21 YEARS OF AGE?  YES  NO DATE OF BIRTH \_\_\_\_\_ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

EMERGENCY CONTACT INFORMATION NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_  FULL -TIME  PART-TIME  
 TEMPORARY

HAVE YOU WORKED FOR THIS COMPANY BEFORE?  YES  NO IF YES, WHERE? \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

NAMES OF RELATIVES IN OUR EMPLOY \_\_\_\_\_ WHO REFERRED YOU? \_\_\_\_\_

ARE YOU NOW EMPLOYED?  YES  NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

PLEASE DESCRIBE ANY REASONS YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

**EMPLOYMENT RECORD**

NOTE: List past employment for at least 10 years starting with the most recent. (Attach additional sheet if needed)

LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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**MILITARY STATUS**

HAVE YOU SERVED IN THE U.S. ARMED FORCES?  YES  NO

BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

**EDUCATION**

PLEASE LIST HIGHEST GRADE COMPLETED

GRADE SCHOOL  COLLEGE

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS -CLERICAL**  
**INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:**

	INDICATE TRAINING / CLASSES	YRS WORK EXPERIENCE	COMPUTER SKILLS	INDICATE TRAINING / CLASSES	YRS WORK EXPERIENCE
TYPING (WPM)	<input type="text"/>	<input type="text"/>	WORD PROCESSING	<input type="text"/>	<input type="text"/>
BILLING	<input type="text"/>	<input type="text"/>	SPREADSHEET	<input type="text"/>	<input type="text"/>
RATING	<input type="text"/>	<input type="text"/>	DATABASE	<input type="text"/>	<input type="text"/>
10 KEY	<input type="text"/>	<input type="text"/>	ACCOUNTING	<input type="text"/>	<input type="text"/>
OS&D / CLAIMS	<input type="text"/>	<input type="text"/>	WEB DESIGN	<input type="text"/>	<input type="text"/>
INTERLINE	<input type="text"/>	<input type="text"/>	LIST ALL COMPUTER TRAINING RECEIVED <input type="text"/>		
PAYROLL	<input type="text"/>	<input type="text"/>			
DISPATCH	<input type="text"/>	<input type="text"/>			
OTHER	<input type="text"/>	<input type="text"/>			

LIST COURSES AND TRAINING IN OFFICE WORK

**REFERENCES**

LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PHYSICAL EXAM**						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM						
6. ROAD TEST						
7. POLICE / TRAFFIC RECORD						

\*\*DRIVER APPLICANTS ONLY

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_