# WEST COAST INDUSTRIAL SYSTEMS, INC.

1995 Airway Road Ph.: (541) 451-6677 PO Box 2067 Fax: (541) 451-6681

Lebanon, OR 97355

### APPLICATION FOR EMPLOYMENT

THANK YOU FOR CONSIDERING WEST COAST INDUSTRIAL SYSTEMS, INC. IN YOUR JOB SEARCH. WEST COAST INDUSTRIAL SYSTEMS, INC. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, AGE, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN, MENTAL OR PHYSICAL DISABILITY, SEXUAL ORIENTATION, OR POLITICAL AFFILIATION, MARITAL OR VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW. NO APPLICATION WILL BE REJECTED AS A RESULT OF DISABILITY THAT, WITH REASONABLE ACCOMMODATION, DOES NOT PREVENT PERFORMANCE OF THE ESSENTIAL JOB DUTIES. PLEASE ADVISE IF REASONABLE ACCOMMODATION IS NEEDED TO ASSIST WITH THE APPLICATION PROCESS.

| AFTER A                         | A PERIOD OF 90 DAYS, APPLI<br>TODAY'S DATE:                              |  |                               | ED.                  |
|---------------------------------|--|--|-------------------------------|----------------------|
| PLEASE COMPLETE I               | BY PRINTING IN INK OR TYPIN  | IG. COMPLETE ALL QUES                      | STIONS and SIGN YOUR          | R NAME ON LAST       |
| PERSONAL:<br>NAME:              |  |  |                               |                      |
| NAIVIL.                         | Last   | First                                      | Middle                        |                      |
| ADDRESS:                        |  |  |                               |                      |
|                                 | Number   | Street                                     | Apt.                          |                      |
|                                 | City   | State                                      | Zip Code                      |                      |
| <b>ΓELEPHONE</b> : WOF          | RKHON  | ME/MESSAGE                                 | CELL                          |                      |
| **<br>PAY RATE DESIRED          | SHT (EXTENSIVE TRAVEL F  ***ALL JOBS MAY REQU  D:  TO WORK OVERTIME OR F | JIRE TRAVEL AND F                          | FIELD WORK*****               |                      |
|                                 |  | EDUCATION/include MILITARY TRAINING        |                               | RY TRAINING          |
| Training                        | Name of School<br>City and State   | Major Subjects<br>Or<br>Type of<br>Courses | Circle Last Year<br>Completed | Did You Graduate     |
| High School                     |  |  | Years<br>9 10 11 12           |                      |
|                                 |  |  | No. of Months                 |                      |
| Business School College or      |  |  | Less Than 1 Year              | Degree Received      |
| University Additional Schooling |  |  | 1 2 3 4<br>Number of Years    | Certificate Received |
| I                               |  | SPECIAL SKILLS                             | 1                             |                      |
| CDL, Crane Certs, We            | elding Certs:  |  |                               |                      |
| Software Applications           | /Skills:   |  |                               |                      |

#### **EMPLOYMENT RECORD: INCLUDE ANY PREVIOUS EMPLOYMENT WITH THIS COMPANY** (Include Military Service as a part of the employment record. Use the space on the back page to

account for any periods of unemployment of one month or more.) Employer From (month/year) To (month/year) Address Telephone number Job title Supervisor's name Describe your duties and responsibilities: \_\_\_ Reason for leaving: \_ Employer From (month/year) To (month/year) Address Telephone number Your title Supervisor's name Describe your duties and responsibilities: \_ Reason for leaving: \_ From (month/year) To (month/year) Employer Address Telephone number Your title Supervisor's name Describe your duties and responsibilities: \_

Reason for leaving: \_

| Employer   | From (month/year)                | To                | (month/year) |
|--|----------------------------------|-------------------|--------------|
| Address  | Telephone number                 | number            |              |
| Your title   | Supervisor's name                |                   |              |
| Describe your duties and responsibilities:   |                                  |                   |              |
|  |                                  |                   |              |
| Reason for leaving:  |                                  |                   |              |
| GENERAL INFORMATION  |                                  |                   |              |
| ARE YOU 18 YEARS OF AGE OR OLDER?  | <u> </u>                         | Yes               | No           |
| DO YOU HAVE A VALID DRIVER'S LICENSE? (A copy will be obtained to verify)  |                                  |                   | No           |
| DO YOU HAVE THE LEGAL RIGHT TO WO UNITED STATES? (Successful applicants w to prove identity and eligibility for employmer  | ill be required                  | Yes               | No           |
| Do you have experience in, or have you ever worked in a similar industry or business before?  If yes, please explain (including length, position, and industry). |                                  | Yes               | No           |
| Have you ever been employed or attended s  | chool using any other name?      | Yes               | No           |
| If yes, please list:   |                                  |                   |              |
| Are you able to perform the primary duties of<br>announcement, posting, job-line, job descript   |                                  |                   |              |
| Yes No   |                                  |                   |              |
| Do you have any employment restrictions res  | sulting from a non-compete or co | onfidentiality ag | reement?     |
| Yes No   |                                  |                   |              |
| IF NEEDED, PLEASE USE THE SPAINFORMATION:<br>(Additional employers, periods of t   |                                  | E ANY ADDI        | TIONAL       |
|  |                                  |                   |              |
|  |                                  |                   |              |
|  |                                  |                   |              |

| REFERENCES:   |   |  |
|---|---|--|
| Name  | Phone Number  | Relationship   |
|   |   |  |
|   |   |  |
|   |   |  |
| PLEASE READ CAREFULLY I   | BEFORE SIGNING.   |  |
| I certify that I have answered the above to my application. I understand that misleading statements or omissions of generally will result in denial of employer.  | t any falsification, misrepresentation the application information, attachment                                    | n, or omission, as well as any<br>ents, and supporting documents                               |
| I further authorize WEST COAST IND<br>this application from references, prior<br>and hold them harmless from releasing<br>and I release WEST COAST INDUST<br>using such information.                      | employers, and others, and I hereby g such information to WEST COAST  | release them from any liability INDUSTRIAL SYSTEMS, INC.                                       |
| I understand and acknowledge that s<br>complete a background investigation for<br>and the surrounding circumstances of<br>advised me that any criminal backgroun<br>necessarily disqualify me from employ | or a record of convictions, and if found the conviction. WEST COAST IND and check will focus on convictions, a    | d, the nature of such convictions USTRIAL SYSTEMS, INC. has                                    |
| I understand and acknowledge that susubmit to a physical examination, incresults of such an examination to WES my suitability for employment. Further SYSTEMS, INC. from any and all liabinformation.     | luding drug test. Additionally, I here<br>ST COAST INDUSTRIAL SYSTEMS,<br>er, I release the examining facility an | by authorize the release of the<br>INC. for their use in evaluating<br>d WEST COAST INDUSTRIAL |
| If hired, I recognize the rules and polithat my employment and compensation without notice, at the option of WEST   | on can be terminated at any time, wit   | h or without cause, and with o   |
| I acknowledge reading and understand  | ding the foregoing statements.  |  |
| Signature   | <br>Date  |  |
| Olgilataic  | Date  |  |

How did you hear about West Coast Industrial?



## **Voluntary Affirmative Action Form**

West Coast Industrial Systems is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. As required by law, we must record certain information made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disable, disabled veteran, or veteran of the Vietnam era or other minority. In extending this invitation you are advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

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Please complete the information requested below. Thank you for your cooperation.

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LIDENITIES ANAOELE AO

| I IDENTIFY MYSELF AS:    | MALE     | FEMALE      | FEMALE |  |
|--------------------------|----------|-------------|--------|--|
|                          | WHITE    | AM. INDIAN_ |        |  |
|                          | BLACK    | ASIAN       |        |  |
|                          | HISPANIC | OTHER       |        |  |
| <u>VETERAN</u>           | YES      | NO          |        |  |
| SPECIAL DISABLED VETERAN | YES      | NO          |        |  |
| VETERAN OF VIETNAM ERA   | YES      | NO          |        |  |
| HANDICAPPED/DISABLED     | YES      | NO          |        |  |
|                          |          |             |        |  |
| NAME (PRINT)             |          |             |        |  |
| SIGNATURE                |          |             |        |  |
| DATE                     |          |             |        |  |

#### **INVITATION TO SELF-IDENTIFY**

Applicants and employees who wish to benefit under the affirmative Action Program at **West Coast Industrial Systems** are invited to identify themselves. This information is voluntarily provided, it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company at a future time of a desire to benefit under this program.

#### **VETERAN OR SPECIAL DISABLE VETERAN**

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the veterans administration for a disability; (A) rated at 30% or more, or (B) rated at 10 or 20 % in cases of a veteran who has been determined under section 1506 of title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

#### **VETERAN OF VIETNAM ERA**

A Veteran, any part of whose active military, naval, or air service was during the period August 5, 1963 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1994.

#### HANDICAPPED/DISABLED

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, of (3) is regarded as having such impairment. For purposes of this part a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap or disability.