

Penetrations, Inc.
Concrete Sawing and Drilling
PO Box 460 - Turner, OR 97392
503-743-4111 Fax 503-743-3516

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related condition or handicap, or any other protected status.

Applicants must submit a Motor Vehicle Report (Obtain copy from the DMV, fax to 503-743-3516)

We do perform a pre-employment drug screening and background check prior to employment.

(PLEASE PRINT CLEARLY AND LEGIBLY)

GENERAL INFORMATION					
Date of Application: _____		Date Available for Employment: _____			
Name: _____					
First		Middle		Last	
Address: _____					
Street		City		State Zip	
Years at Address _____					
Phone: _____			Email: _____		

EDUCATION	School Name & Location	Graduate? - Degree?	Major / Subject of Study
High School			
College or University			
Specialized Training or Trade School			

EXPERIENCE AND SKILLS (Check all that apply)

<input type="checkbox"/> Concrete Cutting Experience
<input type="checkbox"/> Mechanic Experience (Personal, Professional, Small Engine, Body/Paint, Electrical, Ect.)
<input type="checkbox"/> Construction Experience
<input type="checkbox"/> Heavy Equipment Experience
<input type="checkbox"/> Experience Driving a Truck & Trailer
Describe your experience level to the items listed above:

Please answer the following questions:	YES	NO
Can you provide proof of your eligibility to work? If hired, proof will be required.	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work out of town?	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work nights?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>

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REFERENCES

(List name/telephone number of three work references, we may contact who are not related to you and have knowledge of your abilities)

1.

2.

3.

EMPLOYMENT HISTORY

(Start with your present or most recent employer, account for all periods of work and unemployment)

Company Name:

Employment From Date/To Date:

Address:

Position:

Supervisors Name:

Phone:

May we contact them: (YES or NO)

Reason for Leaving:

Responsibilities:

Company Name:

Employment From Date/To Date:

Address:

Position:

Supervisors Name:

Phone:

May we contact them: (YES or NO)

Reason for Leaving:

Responsibilities:

Company Name:

Employment From Date/To Date:

Address:

Position:

Supervisors Name:

Phone:

May we contact them: (YES or NO)

Reason for Leaving:

Responsibilities:

Signature: _____

Date: _____

APPLICANT STATEMENT, This certifies that this application was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application, or if employed, may result in subsequent dismissal. I authorize investigation of all statements contained in this application and my employment history in general as necessary in arriving at an employment decision. As part of the investigation, I authorize prior employers, educators and contacts to release requested information and agree not to hold them or their organization legally liable for released information pertaining to my application for employment at this organization. I understand that, as an applicant for a position with Penetrations, Inc. I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I agree to furnish any additional information required and understand that I may be subject to a review of my driving record, as well as a drug screen and background check.