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| Exceed Logo-Green Icon.jpg  **Exceed Logo_In-house Printer.jpgAPPLICATION FOR EMPLOYMENT**  *equal opportunity employer* | | | | | | | | | | | | | | | | | | | |
| **PRE-EMPLOYMENT DRUG SCREENING & CRIMINAL RECORDS CHECK**  Exceed Enterprises, Inc. is committed to providing a safe, healthy and drug free work environment for our employees. Pre-employment drug screening along with a state mandated criminal records check is required for all job applicants.  Applicants who test positive for illegal drugs (based on federal guidelines); alter, tamper with, contaminate or refuse to take the drug test; or interfere in the testing process will be dropped from further employment consideration. Although Oregon allows recreational marijuana, Exceed abides by Federal guidelines.  All applicants are subject to completing a state mandated criminal records check form, indicating whether you have ever been charged, arrested and/or convicted of a crime. If answered yes on the records check form, you are required to list all charges, arrests and/or convictions (adult and juvenile) and the outcome, regardless of how long ago. If you have any potentially disqualifying convictions or conditions, the background check unit will consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS: PLEASE TYPE OR PRINT (WITH DARK INK). ANSWER ALL QUESTIONS. IF NOT APPLICABLE TO YOU, ENTER: N/A** | | | | | | | | | | | | | | | | | | |
| **Date of Application:** |  | | | **Position Applied for (List only 1 job):** | | | | | |  | | | | | | | | |
| **Last Name** | | | **First** | | | | | **Middle Initial** | | | | **Other names used:** | | | | | | |
| **Street Address** | | | | **City/State** | | | | | | | | | | **Zip** | | | | |
| **Best Contact Phone Number** | | | | **Email Address:** | | | | | | | | | | | | | | |
| **Can you provide proof of eligibility for employment in the United States?** | | **Yes**  **No** | | **Are you age 18 or older?** | | **Yes  No** | | | **Date you can start?** | | | | **Reason:** | | | | | |
| **Days of the week (and times) you are available to work:** | | | | | **Can you work overtime?   Yes  No** | | | | **Are you willing to accept full-time?**  **Yes  No** | | | | **Willing to accept**  **Part-time?**  **Yes  No** | | | | **Total hours you can work per week:** | |
| Have had any founded reports  of child abuse or substantiated adult abuse? | | **Yes  No** | | Required for background check: Have you lived out of the State of Oregon for more than 60 consecutive days with in the past 5 years? | | | | | | | | **Yes  No** | | | | For driving positions, do you have a valid driver’s license: | | **Yes  No** |
| Have you worked at Exceed Enterprises before? | | **Yes  No** | | If so, when was your last date worked? | | |  | | | | | What position did you work in? | | |  | | | |
| Have you ever applied to this company before?  **Yes  No** If so, when (Month/Year)?  What position/s did you apply for? | | | | | | | | | | | | | | | | | | |
| Do you have relatives employed by Exceed Enterprises, Inc.? If so, who? | | | | Who referred you? | | | | | Where did you see the position posted? | | | | |  | | | | |
| Military service—branch: | | | | From:       To: | | | | | | | What was your job? | | | |  | | | |
| Military education, training, duties or experience: | |  | | | | | | | | | | | | | | | | |

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| **School** | **Name and location** | **Graduated** | | Date | **Courses or major** | **GPA** |
| High  School / GED |  | Yes | No |  | For H.S, enter “General” unless other special coursework was taken: |  |
| College |  | Yes | No |  |  |  |
| Other #1 |  | Yes | No |  |  |  |
| Other #2 |  | Yes | No |  |  |  |
| Licenses, Certificates, Special training, skills, licenses or certifications (first aid, machines operated, measurement tools, hand tools, etc.) : | | | | | | |
| Please list your working knowledge of computer programs, software programs, Word/Excel/PowerPoint/Outlook, equipment, tools and other relevant job skills you have (and number of years) | | | | | | |
| Additional relevant information (please do not disclose medical or other protected information): | | | | | | |

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| **EMPLOYMENT HISTORY: PLEASE LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (Regardless of Time Worked) and BEGIN WITH MOST RECENT FIRST**  **(NOTE: DO NOT WRITE “SEE RESUME” AS APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED AND SIGNED/DATED). ATTACH ADDITIONAL PAGES IF NECESSARY (SEE PAGE 3)** |

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| Company Name (Most Recent): | | | | | | | | | Company Telephone: (**)** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **Company Name (2nd Most Recent):** | | | | | | | | | **Company Telephone: (     )** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **Company Name (3rd Most Recent):** | | | | | | | | | **Company Telephone: (     )** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **REFERENCES: WORK-RELATED PROFESSIONAL RELATIONSHIPS** | | | |
| Name | Phone Number | Email Address | Relationship /Years |
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I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and correct. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal. I authorize Exceed Enterprises to investigate my background thoroughly and to make any investigations and inquiries as necessary to confirm my qualifications. I release and hold harmless all Parties, Persons, Employers, Schools and Organizations from all liability for any damages that may result from furnishing such information. I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by Exceed Enterprises or me at any time with or without cause. I understand this application is NOT A CONTRACT. I agree to present personal photo identification and proof of my authori­zation to work and reside in the United States promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

**APPLICANT SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ADDITIONAL PAGES - CONTINUATION OF EMPLOYMENT HISTORY : PLEASE LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (Regardless of Time Worked)  (NOTE: DO NOT WRITE “SEE RESUME” AS APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED AND SIGNED/DATED). Leave blank if only 3 employers in the past 10 years.** |

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| Company Name (#4): | | | | | | | | | Company Telephone: (     ) | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **Company Name (#5):** | | | | | | | | | **Company Telephone: (     )** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **Company Name (#6):** | | | | | | | | | **Company Telephone: (     )** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |

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| **Company Name (#7):** | | | | | | | | | **Company Telephone: (     )** | | |
| Street Address: | | | | City: | State: | Zip Code: | | | Employment Dates (month/year): | | |
| From: | | To: |
| Your Most Recent Job Title and Department: | | |  | | | | Other job titles at this employer (indicate month/year): | | |  | |
| Job Duties: | | | | | | |  | | | | |
| Supervisor’s Name (do not leave blank, even if no longer there): | | | | | | | | | | | |
| Supervisor’s email (if known): | | | | | | | | | | | |
| Equipment/Software Used: | |  | | | | | | | | | |
| Reason for Leaving? |  | | | | | | | Can we contact?  Yes  No | | | |