



7905 Agate Road, White City Oregon | 541-826-3551

APPLICATION FOR EMPLOYMENT

Highway Products, Inc is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristics protected by law.

Last Name		First Name		Middle Initial		Contact & Message Phone No.	
Address			City	State	Zip	E-mail	
Position(s) applying for: 1. 2.			Minimum Acceptable Wage:			Date available to start:	
EDUCATION							
	NAME		CITY/STATE		DATES	DEGREE	GRADUATE
High School/ GED							<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ Trade School							<input type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL INFORMATION							
What is your availability? <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time							
How did you hear about us? <input type="checkbox"/> Craigslist <input type="checkbox"/> LinkedIn <input type="checkbox"/> Indeed.com <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee Referral from: _____ (Employee Name)							
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Check the equipment you currently have available: <input type="checkbox"/> Welding equipment <input type="checkbox"/> Safety glasses <input type="checkbox"/> Respirator <input type="checkbox"/> Steel toe safety boots <input type="checkbox"/> Tools <input type="checkbox"/> Other _____							
EMPLOYMENT HISTORY - List recent employer first							
Employer			Job Title			Start Date	End Date
Address			Phone		Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip			Job Duties				
Reason for Leaving							

Employer	Job Title	Start Date	End Date
Address	Phone	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip	Job Duties		
Reason for Leaving			

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City, State, Zip	Job Duties		
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Address	Phone	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip	Job Duties		
Reason for Leaving			

Employer	Job Title	Start Date	End Date
Address	Phone	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip	Job Duties		
Reason for Leaving			

REFERENCES (Business and Professional Only)	
Name	Phone
Company	Time known
Name	Phone
Company	Time known
Name	Phone
Company	Time known

PLEASE CHECK ALL APPLICABLE SKILLS

CLERICAL
<u>ACCOUNTING</u>
<input type="checkbox"/> 10-Key by Touch
<input type="checkbox"/> Typing Speed ____ (wpm)
<input type="checkbox"/> Payroll
<input type="checkbox"/> FC Bookkeeper
<input type="checkbox"/> Reconciliation
<input type="checkbox"/> General Ledger
<input type="checkbox"/> A/P
<input type="checkbox"/> A/R
<input type="checkbox"/> Collections
<u>COMPUTER</u>
<input type="checkbox"/> Excel
<input type="checkbox"/> MS Word
<input type="checkbox"/> Windows
<input type="checkbox"/> CAD
<input type="checkbox"/> Other _____
<u>OFFICE</u>
<input type="checkbox"/> CUSTOMER SERVICE
<input type="checkbox"/> MARKETING
<input type="checkbox"/> ENGINEER
<input type="checkbox"/> PURCHASING
<input type="checkbox"/> RECEPTIONIST

EQUIPMENT MACHINERY
<input type="checkbox"/> CNC PROGRAMMER
<input type="checkbox"/> DRILL PRESS
<input type="checkbox"/> FORKLIFT
<input type="checkbox"/> GRINDER
<input type="checkbox"/> PNEUMATIC TOOLS
<input type="checkbox"/> PRESS BRAKE
<input type="checkbox"/> PUNCH BRAKE
<input type="checkbox"/> SHEAR OPERATOR
<input type="checkbox"/> SAWS
<input type="checkbox"/> Other _____

GENERAL INDUSTRIAL
<input type="checkbox"/> PRODUCTION ASSEMBLY
<input type="checkbox"/> BOAT ASSEMBLY
<input type="checkbox"/> FABRICATING Blueprints
<input type="checkbox"/> INVENTORY
<input type="checkbox"/> JANITORIAL
<input type="checkbox"/> MECHANICALLY INCLINED
<input type="checkbox"/> SHIPPING/RECEIVING
<input type="checkbox"/> PAINTING
<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> PRODUCTION
<input type="checkbox"/> QUALITY CONTROL
<input type="checkbox"/> SAFETY TRAINING
<input type="checkbox"/> SHIPPING/RECEIVING
<input type="checkbox"/> WELDING
<input type="checkbox"/> Apprentice
<input type="checkbox"/> Journeyman
<input type="checkbox"/> Certified
<input type="checkbox"/> ARC (stick)
<input type="checkbox"/> ARC (line/wire feed)
<input type="checkbox"/> Gas Weld
<input type="checkbox"/> MIG (line feed)
<input type="checkbox"/> TIG (alum/titanium)

Please read carefully before signing.

Highway Products, Inc. is an equal opportunity employer. Highway Products, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Highway Products, Inc. to hire me. If I am hired, I understand that either Highway Products, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Highway Products, Inc. has the authority to make any assurance to the contrary.

I understand it is the policy of Highway Products, Inc. to require candidates for employment to consent to pre-employment physical and drug screening. I also understand that Highway Products does perform random and at will drug screenings on employees. Highway Products, Inc. is responsible for the cost involved. All offers of employment are contingent upon passing the drug screen, physical and background check.

I attest with my signature below that I have given to Highway Products, Inc. true and complete information on this application. No requested information has been concealed. I authorize Highway Products, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____ Signature: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.



Fair Credit Reporting Act Disclosure Statement

By this document, Highway Products, Inc. discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Please sign below to acknowledge the receipt of this disclosure.

PRINTED NAME

Date

SIGNATURE



**FCRA Authorization to Obtain a Consumer Report
(Background/Credit Check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Highway Products, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Highway Products, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

PRINTED NAME

Date

SIGNATURE