

# STETTLER SUPPLY COMPANY

4420 RIDGE DR NE  
SALEM, OR 97301

## EMPLOYMENT APPLICATION

Last Name	First Name	Initial	Date of Application
Street Address	City	State	Zip
Residence Telephone	Alternate Telephone	Expected Pay Rate	

**IMPORTANT:** Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.

**EQUAL EMPLOYMENT OPPORTUNITY.** It is our policy to seek and employ the best qualified employees and to provide equal opportunity for the advancement of employees and to administer all of our employment policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, sexual orientation, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

**Social Security No.** (If hired, you must have or obtain a Social Security number for payroll purposes.)

**Have you ever worked for us before?**  
 Yes  No

**Are you 18 years of age or older?**  
 Yes  No

**If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?**  
 Yes  No We are an E-Verify Employer

**When are you available to work?** (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) – **Check shifts and days you can work.**

Days  Swing  Graveyard  Rotating  
 Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Position(s) Applied for:**  
1.  
2.

**RELATIVES/FRIENDS:** Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. **Do you have any relatives/friends (such as roommates) who currently work for us?**

Yes  No

If yes, state name(s): \_\_\_\_\_

**QUALIFICATIONS:** please list any education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING WHERE DID YOU ACQUIRE IT? (name of school, program, military branch and specialty, etc.)

HIGH SCHOOL: \_\_\_\_\_ Years Completed: 1 2 3 4 COLLEGE: \_\_\_\_\_ Years Completed: 1 2 3 4

Other: \_\_\_\_\_

**DRIVING POSITIONS:** (Answer only if driving is an essential function of the job.) **Do you have a valid driver's license?**  Yes  No **If yes, please list License No./State:** \_\_\_\_\_. **Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations, offenses or citations, regardless of how they were classified or whether minor or major, in the past three years?**  Yes  No **If yes, give details:**

**IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Please account for all periods of employment by *month/year*, including any self-employment and military service. (Attach another sheet if more space is needed.)

Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties
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Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties
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Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties
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**Have you ever been terminated (or quit while facing possible termination or at an employer's request)?**  Yes  No If yes, please identify employer and explain circumstances:

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**VERIFICATION AND SIGNATURE:**

- I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation.
- I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
- I understand and agree that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. **IMPORTANT: This means that with very few exceptions — for example, operations located in any states where it may not be lawful — an employee will be required to submit to testing in several different circumstances. Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions.** I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.
- I understand and agree that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand and agree that the owner and/or general manager are the only persons who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand and agree that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
- This application will only be considered active for 45 days. I understand that if I have not been contacted by the Company within the 45 days and I still want to be considered for employment, I will need to reapply and complete a new employment application.
- I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Unsigned or incomplete applications will not be processed*