

**HEMR Industrial Contractors
P.O. Box 476
Coquille, OR 97423**

Employment Application

Applicant's Name _____ SS# _____

Street Address _____

Mailing Address _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone Number _____ Message Phone _____

Emergency Contact: _____
Name Phone # Relationship

Date of Birth _____

Do you have a
valid driver's license?

Yes No

State & License Number:

Work History

Most Recent

Employer _____	Date Employed from _____	to _____
Address _____		
Telephone Number _____	Supervisor _____	
Job Title _____	Hourly Rate or Salary _____	Start _____ Finish _____
Reason for leaving _____		
Describe work performed _____		

Employer _____ Date Employed from _____ to _____
Address _____
Telephone Number _____ Supervisor _____
Job Title _____ Hourly Rate or Salary _____ Start _____ Finish _____
Reason for leaving _____
Describe work performed _____

Employer _____ Date Employed from _____ to _____
Address _____
Telephone Number _____ Supervisor _____
Job Title _____ Hourly Rate or Salary _____ Start _____ Finish _____
Reason for leaving _____
Describe work performed _____

Employer _____ Date Employed from _____ to _____
Address _____
Telephone Number _____ Supervisor _____
Job Title _____ Hourly Rate or Salary _____ Start _____ Finish _____
Reason for leaving _____
Describe work performed _____

Education & Training:

Highest Grade Completed in High School: _____ Do you have a high school diploma? ___Yes___No
If not, do you have a high school equivalency diploma? ___Yes___No

List any other training you have received (including college, business, trade, military, or correspondence schools, and any degrees or credentials attained):

Name / Location of Institution	Dates attended (From To)	Major Field of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use this space to give any qualifications relevant to the position for which you are applying, which are not covered elsewhere in your application (such as professional licenses or certificates, skills in operation of machines / equipment, technical skills or other special training).

PLEASE READ THE FOLLOWING CAREFULLY

I authorize the companies and institutions I have listed above to give any information regarding my employment together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies from all liability for any damage whatsoever for issuing this information. I certify that the information which I have provided is true and complete. I understand that any misrepresentations may result in separation from HEMR Industrial Contractors. I have been advised that HEMR Industrial Contractors might request a criminal records check about me. I also agree to (1) such physical examinations by a company-designated physician as may be required (including blood and / or urine tests for drug / alcohol abuse), (2) to abide by all rules and regulations of HEMR Industrial Contractors. I understand that all company rules are applied as interpreted by the company. I understand that I may be laid off or terminated at any time for any reason not prohibited by law. If I quit or get terminated before I have completed three weeks work the company will withhold the cost of the drug test from my paycheck. I will also pay for any failed drug test given to me by HEMR Industrial Contractors LLC.

Signature _____ Date _____