



**PRI APPLICATION
FOR EMPLOYMENT**

3300 Cross St. Eugene, OR 97402
P 541-461-3443 | F 541-461-1546

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

•ANSWER ALL QUESTIONS – PLEASE PRINT•

Name _____ SSN _____
Last First Middle

Address _____
Street City
State Zip Phone _____

ADDRESS _____ How long? _____
FOR PAST Street City State & Zip Code
THREE
YEARS Street City State & Zip Code How long? _____

Do you have a legal right to work in the United States? _____

Are you over the age of 18? _____ If no, can you provide proof of age? _____

Have you ever been leased to this company before? _____ Where? _____

Date: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, you may explain if you wish _____

Have you ever been convicted of a felony? _____ If yes, state nature of crime(s), how many convictions, when and where convicted, and disposition of each offense:

EMPLOYMENT HISTORY

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER			
NAME			From:
ADDRESS			Position Held:
CITY	STATE	ZIP	Salary/Wage:
CONTACT PERSON		PHONE	Reason for Leaving:

EMPLOYER			
NAME			From:
ADDRESS			Position Held:
CITY	STATE	ZIP	Salary/Wage:
CONTACT PERSON		PHONE	Reason for Leaving:

EMPLOYER			
NAME			From:
ADDRESS			Position Held:
CITY	STATE	ZIP	Salary/Wage:
CONTACT PERSON		PHONE	Reason for Leaving:

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
 (NAME) (CITY)

EXPERIENCE & QUALIFICATIONS – DRIVER

STATE	LICENSE NO.	TYPE	EXP. DATE
DRIVER LICENSES			

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

B. Has any license, permit, or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS