



# Consolidated Supply Co. of Oregon

and Wholly Owned Subsidiaries

## APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

### PERSONAL

PLEASE PRINT USING BALL POINT PEN

Full Name	FIRST	MIDDLE	LAST		SOCIAL SECURITY NUMBER	
	STREET	CITY	STATE	ZIP	HOW LONG?	TELEPHONE NO.
Present Address	STREET	CITY	STATE	ZIP	HOW LONG?	
Previous Address	STREET	CITY	STATE	ZIP	HOW LONG?	
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE						
IF NO PHONE, HOW MAY WE CONTACT YOU?						
HAVE YOU EVER WORKED FOR CONSOLIDATED SUPPLY CO. BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>						
HOW WERE YOU REFERRED TO CONSOLIDATED SUPPLY CO. ?						

### GENERAL INFORMATION

LIST BUSINESS AND PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER that you believe are relevant to the position for which you are applying (Omit those indicating race, religion, sex, age, disability, national origin or other legally protected status )

LIST LEISURE ACTIVITIES, HOBBIES, RECREATIONAL INTERESTS:

EXPECTED WAGE? DATE AVAILABLE FOR WORK?

IF YOU ARE UNDER THE AGE OF 18, CAN YOU SUPPLY PROOF OF AGE OR WORKER'S PERMIT?

PLEASE CHECK PREFERRED SCHEDULE:

Hours Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
"X" if no Restrictions							
I am available to work from	to	to	to	to	to	to	to

### EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED			
Elementary			5	6	7	8
High School			1	2	3	4
College			1	2	3	4
College			1	2	3	4
Graduate School			1	2	3	4
Bus., Trade, Other			1	2	3	4

# EMPLOYMENT HISTORY

**BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)**

<b>I</b> EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME & TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)	MO.	YR.				
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS

<b>II</b> EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME & TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)	MO.	YR.				
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS

<b>III</b> EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME & TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)	MO.	YR.				
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS

<b>IV</b> EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME & TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE (ZIP)	MO.	YR.				
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications, including hobbies, which you believe are relevant to the position for which you are applying and should be considered in evaluating your qualifications for employment. You may include any prior military service which you would like considered in connection with your application for employment.


# BUSINESS OR PERSONAL REFERENCES

## LIST PERSONS WHO HAVE CONTRIBUTED TO YOUR SUCCESS

NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE
CITY STATE & ZIP	HOW LONG KNOWN	
NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE
CITY STATE & ZIP	HOW LONG KNOWN	

## IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME	HOME ADDRESS	HOME PHONE (        )
RELATIONSHIP	WORK ADDRESS	WORK PHONE (        )

# SUPPLEMENTAL INFORMATION

Have you ever been convicted of a felony or any other criminal offense involving dishonesty or breach of trust (including embezzlement, forgery, or shop-lifting)?  YES  NO  
 If yes, please explain. Conviction will not necessarily bar employment. The date of conviction, age of applicant at the time, the nature of offense, and subsequent rehabilitation will be taken into account.

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment at Consolidated Supply Co. Can you, on or before beginning employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  YES  NO

Is any additional information relative to change of name, use of assumed name, or nickname necessary to verify the information on this application?  YES  NO  
 If yes, please list information.

Have you ever been asked to leave a job/employment?  YES  NO If yes, please explain.

# NOTIFICATION AND AGREEMENT

## PLEASE READ BEFORE SIGNING

I CERTIFY THAT THE FACTS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR, IF EMPLOYED, IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to my employment interviewer before signing. The application will be given consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Consolidated Supply Co., to afford equal opportunity to all employees and applicants for employment in compliance with applicable law regarding age, race, religion, color, sex, national origin, marital status, expunged juvenile records, pregnancy, veteran status, disability, and any other status protected by applicable law.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Consolidated Supply Co. or myself either for employment or the providing of any benefit. ***I understand and agree that if I am offered and accept a position, my employment may be terminated, with or without cause, and with or without advanced notice, at any time, at the discretion of either the company or myself.*** I also agree to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours and working conditions as it deems appropriate in its sole discretion.

An offer of employment may be contingent on my passing a job related physical exam, and/or drug screening, the results of which will be given to Consolidated Supply Co. I hereby agree to submit to said physical examination and/or any drug screening.

I authorize the company to contact my education sources, former employers, other listed references, and any other persons who can verify any information in this application and to conduct any investigation it considers necessary regarding my application for employment, including investigating all statements made and information provided in this application and any attachments or supporting documents. I also authorize the company to request and receive all information it considers necessary in investigating my application. I further authorize all contacted persons and entities to provide information regarding this application and my background and suitability for employment, and I release from all liability any and all persons or entities supplying such information. I also release the company from all liability related to requesting or receiving any information and making any investigation regarding this application, my background, and my suitability for employment.

I acknowledge that I have read, understand, and agree to the above statements.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

# SUPPLEMENTAL APPLICATION

1. Consolidated Supply Co. is a people business with customer service and satisfaction as one of its primary goals. How do you feel you can contribute to our goals? \_\_\_\_\_

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2. Why do you want this job and how does it fit in with your future plans? \_\_\_\_\_

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3. What did you like best about your last job? \_\_\_\_\_

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4. What did you like least about your last job? \_\_\_\_\_

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5. Think back to the supervisors that you have had in the past. Which one did you like the best? Why did you like him/her so well? \_\_\_\_\_

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6. Which supervisor did you dislike, and why? \_\_\_\_\_

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7. Who is primarily responsible for your safety? \_\_\_\_\_

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8. Why do you feel you can handle a job with our company? \_\_\_\_\_

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9. What do you think should be done about an employee who is not doing a fair share of the work? \_\_\_\_\_

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10. If you were faced with a disgruntled customer/client, how would you handle the situation? \_\_\_\_\_

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