

Application for Employment

ITS Global Relocation Services
6713 SW Bonita Rd., Suite 250
Tigard, OR 97224

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For: _____ Date of Application: _____

How Did You Hear About Us? _____

Last Name: _____ First Name: _____

Middle Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Number(s): _____ Social Security Number: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School: _____ Years Completed: _____ Received Diploma: Yes No

College: _____ Years Completed: _____ Received Degree: Yes No

Other (Specify): _____ Years Completed: _____

Indicate any foreign languages you can speak, read and/or write: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job related training received in the United States military: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer: _____

Address: _____

Job Title: _____ Supervisor: _____

Telephone Number(s): _____

Month(s) & Year(s) Employed: _____ to _____ Hourly Rate/Salary: _____

Work Performed: _____

Reason(s) for Leaving: _____

2. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Month(s) & Year(s) Employed: _____ to _____ Hourly Rate/Salary: _____
Work Performed: _____

Reason(s) for Leaving: _____

3. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Month(s) & Year(s) Employed: _____ to _____ Hourly Rate/Salary: _____
Work Performed: _____

Reason(s) for Leaving: _____

4. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Month(s) & Year(s) Employed: _____ to _____ Hourly Rate/Salary: _____
Work Performed: _____

Reason(s) for Leaving: _____

If you need additional space please continue on a separate sheet of paper.

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience: _____

Specialized Skills (Check Skills/Equipment Operated): Customer Service Microsoft Office & Outlook

QuickBooks Direct Systems Calculator/Math Household Goods Moving & Packing

≥ 26' Truck Forklift Other(s) (Specify): _____

State any additional information you feel may be helpful to us in considering your application: _____

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with, or without a reasonable accommodation, the

activities involved in the job or occupation for which you have applied? Yes No

References

1. First & Last Name: _____

Address: _____

Phone Number(s): _____ Email: _____

2. First & Last Name: _____

Address: _____

Phone Number(s): _____ Email: _____

3. First & Last Name: _____

Address: _____

Phone Number(s): _____ Email: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which when asked by the employer of the job applicant may violate State and/or Federal

WE ARE AN EQUAL OPPORTUNITY EMPLOYER