

Pendleton, OR 97801
Phone • 541.276.5012
Toll Free 888-WOODPECKER (966-3732)
Fax 541.276.9237
www.woodpeckertruck.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a medical condition or handicap, or any other legally protected status.

PLEASE PRINT		Da	te of Application		
Position(s) Applied For:					
Position(s) Applied For.					
Referral Source: Advertisement Friend			Relative	Walk - In	
Employment Agency	Other:				
Name:Last	Fi	rst		Middle	
Address					
Address: Number	Street	City	Sta	ate Zip Code	
Telephone Number: ()					
Person to contact in the event of an emergency	:				
Name:		Telephone Number:_			
Have you filed an application at Woodpecker bef	ore?	☐ YES	□NO		
If yes, give date:					
Have you ever been employed here before?		☐ YES			
If yes, give date:		_,			
Are you employed now?		☐ YES			
Have you the legal right to work in the U.S.A.?		☐ YES	□ NO		
On what date would you be available to work? _					
Are you available to work: Full Time	☐ Part Time	☐ Shift Work	☐ Temporary	☐ Weekends	
Are you on a layoff and subject to recall?		☐ YES	□NO		

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT JOE	3. INCLUDE MILITARY SERVICE ASSIGNMENTS	S AND VOLUNTEER ACTIVITIES.
Employer	Dates Employed	Work Performed
Telephone Number ()	From:	
Address		
Job Title		
Supervisor	To:	
Reason For Leaving		
Employer	Dates Employed	Work Performed
Telephone Number ()	From:	
Address		
Job Title	T.	
Supervisor	To:	
Reason For Leaving		
Employer	Dates Employed	Work Performed
Telephone Number ()	From:	
Address		
Job Title		
Supervisor	To:	
Reason For Leaving		
Employer	Dates Employed	Work Performed
Telephone Number ()	From:	
Address		
Job Title		
Supervisor	To:	
Reason For Leaving		
IF YOU NEED ADDITION	IAL SPACE, PLEASE CONTINUE ON A SEPARA	TE SHEET OF PAPER.
SPECIAL SKILLS AND QUALIFICATIONS (Summarize special skills and qualification	INCLUDE MILITARY SERVICE) as acquired from employment or other experien	nce.
previous employers.	mber of three references who are not rela	ted to you and are not
2		
2		

EDUCATION

	Elementary School	Jr. High School	High School	Undergraduate College/University	Graduate/Professiona
School Name and Location	n				
Years Completed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Diploma/Degree					
Diploma Course of Study					
Describe any specialized t skills and extra-curricular					
Describe any honors you r	may have received.				
State any additional inforr be helpful to us in conside					
l certify that all informa		PPLICANT'S		that if hired, I may	be discharged if
Woodpecker Truck & Eq		earns of any falsifi	cation or omission i	n the information I	have provided.
l authorize Woodpecker Those employers are au have about me. I hereby of, or be related to, info	uthorized to release to y release all employers	o Woodpecker Truc s and Woodpecker	ck & Equipment all in	formation requeste	ed which they might
Those employers are au	uthorized to release to y release all employers ormation provided by t ill follow all company p minated at any time w	o Woodpecker Truc s and Woodpecker those employers. policies, rules, and	ck & Equipment all in Truck & Equipment I direction. I underst	formation requeste from any liability w and and agree that	ed which they might hich may arise out ; if I am hired my

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 period of time should inquire as to whether or not applications are being accepted at that time.

PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING, POST-OFFER PHYSICAL EXAMINATION CONSENT

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	, voluntarily consent to a pre-employment screening for substance consisting of certain diagnostic tests for the purpose of blood and/or urine analysis by a medical doctor, medical r, or medically qualified personnel.				
medical doctor, medical center, or used to determine my ability to pe	medically qualified personnel. I und	fer physical examination and/or evaluation by a lerstand that the results of this examination may be a position that was offered. If unable to perform the modified.			
hereby release Woodpecker Truck center, clinic, etc. and any of its r	& Equipment Inc., its employees, ar	er Truck & Equipment Inc. or its representative. I nd any doctor, medical personnel, hospital, medical illities arising from testing, examination and the as and examination.			
Signature		Date			
	DRIVING RECORD R	RELEASE			
A safe driving record is a necessit operating company/customer ov		this company and in a position where you will be			
-	ill obtain a current DMV record over Truck & Equipment Inc. obtaining the				
Driver's License Number	State	Expiration Date			
	pecker Truck & Equipment Inc. obtaining				
Signature		Date			
	APPLICANT DATA F	RECORD			
		ed during employment without regard to race, color, condition or handicap, or any other legally			
As employers/governmental contraresponsibilities where they apply.	actors, we comply with government	regulations, including affirmative action			
Solely to help comply with government out the applicant data record.		other legal requirements, we request that you please			
This data is for periodic governme	ent reporting and will be kept in a co	onfidential file.			
Name Fir	Te	elephone Number			
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