

## **WESTERN PULP PRODUCTS COMPANY**

Post Office Box 968 Corvallis, Oregon 97339

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westernpulp.com

## **Application for Employment**

## **Important Information**

This Application will be considered only for the specific position(s) for which you are applying. It will not be retained, unless you are hired. If you desire to be considered for a position at a future time you must file a new Application. This Company complies with all employment laws and hires and promotes without unlawful regard to race, color, sex, national origin, religion, marital status, prior industrial injury, or mental or physical disabilities unrelated to job performance.

(Please Print) Date of Position(s) Applied For: Application: Last Name: First Name: Telephone/Cell: Street Address: City: State/Zip Code: Are you 18 years of age or older? ☐ Yes □ No Have you ever been employed with us before? (If Yes, provide date \_\_\_\_\_) ☐ Yes □ No 2. Are you currently employed? ☐ Yes □ No 3. On what date would you be available for work? ☐ Full Time ☐ Part Time □ Weekends ☐ Temporary Are you available to work: **Employment Experience** It is the policy of Western Pulp Products Co. to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. You will not be employed if you are unable or unwilling to provide verification if requested by the Company. (Please start with your most recent job) **1.** Employer: Dates Employed: From > To> Work Performed: Address: Job Title: Reason for Leaving:

2. Employer:		Dates Employed:	From >		To >	
Address:		Work Performed:				
Job Title:		Reason for Leaving:				
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<b>3.</b> Employer:		Dates Employed:	From >		To>	
Address:		Work Performed:				
Job Title:		Reason for Leaving:				
<b>4.</b> Employer:		Dates Employed:	From >		To >	
Address:		Work Performed:				
Job Title:		Reason for Leaving:				
understood and agr the Application and In consideration of	Application for employment, I aut eed that any misrepresentation by /or separation from the Company' any employment, I agree to confor can be terminated, with or withou	me in this Application very service if I have been earn to the rules and regul	vill be suff mployed. ations of t	icient cau he Comp	ise for cand any. My en	cellation o
INCOMPLETE APPLI	CATIONS WILL NOT BE CONSIDERE	D.				
I certify that the informati	on given above is true and correct.					
Applicant Signature						
 Date						