



Shelter Products, Inc.
1490 SE Gideon St. Portland, OR 97202
PO Box 42100 Portland, OR 97242

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for employment without regard to race, color, religion, sex, or sexual orientation, national origin, age, marital or veteran status, mental or physical disability or any other reason prohibited by law. The company will make every effort to meet a request for disability accommodation to participate in our application process, please contact our office. It is intended that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

GENERAL INFORMATION

It is important to complete all sections of this allocation thoroughly and accurately

Date _____

Name _____
Last First Middle

Address _____
City State Zip

Telephone _____
Home Work Cell

Email Address _____

Position you are applying for: _____

What led you to apply at SPI? Employee _____ Professional Org. _____
Paper _____ College _____
Internet _____ GCS Website _____
Where _____ Other _____

Are you eligible to work in the United States? _____

Have you ever been convicted or plead no contest to an offense other than a minor traffic violation? _____

If yes, please explain (A conviction record will not necessarily be a bar to employment. You are not required to disclose convictions or criminal records that have been expunged or otherwise sealed by the presiding court.)

Have you applied to SPI for employment before? _____ When? _____

EDUCATION

Do you have a high school degree or equivalent? _____ Where? _____

	Name	Location	Course of Study/Degree	From – To (mo-yr)
Undergraduate College or University				
Post Graduate College or University				
Vocation or Technical Training				
Other				
Other				

List any skills or qualifications that relates to the position for which you are applying, including computer skills.

ACTIVITIES AND ACIEVEMENTS

Please list any outside interests, professional memberships, etc. that may relate to the position for which you are applying.

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. Provide all necessary information.

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

WORK EXPERIENCE – Continued

What are your short term career goals (less than 3 yrs.) _____

Current Salary Requirements _____

What is the highest annual earnings you ever expect to make? _____

What work has been most interesting to you? _____

Why? _____

PROFESSIONAL REFERENCES

Please list three people with whom you have worked.

Name	Company	Work Relationship

Please read carefully before signing this application:

I certify that all questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or for discharge if hired.

I understand that if hired, I will be an “at-will” employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause, by me or by Shelter Products, Inc. I will comply with all work-related requirements set forth by Shelter Products, Inc. Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between Shelter Products, Inc. and myself.

I authorize Shelter Products, Inc. to confirm information provided in this application. I release from all liability or responsibility Shelter Products, Inc. and all persons, companies or corporations providing information to Shelter Products, Inc. about me.

I understand that a requirement for employment with Shelter Products, Inc. is the successful completion of drug testing. I understand that this testing is for the presence of illegal drugs, legal drugs and other substances which might adversely affect job performance. I also understand that I will be subject to future drug and alcohol tests pursuant to the policies of Shelter Products, Inc.

I understand that no manager or representative, other than the President, has any authority to enter into an agreement of employment for any specified period of time or contract to the above terms or to alter the above conditions of employment.

Applicant’s Signature _____ Date _____

Affirmative Action Self Identification

Federal regulations require our organization to collect this information. Completion of this data is voluntary and will not affect your opportunity for employment. If you decline to identify by ethnicity, race or gender, please indicate that by checking the box below and fill in the Job Title and Requisition No. only.

I decline

Name: _____ **Date:** _____

Job Title: _____ **Requisition No. :** _____

GENDER (Please check one of the options below):

_____ Male

_____ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino**

___ **White**

___ **Black or African American**

___ **Native Hawaiian or Other Pacific Islander**

___ **Asian (Not Hispanic or Latino)**

___ **American Indian or Alaska Native**

___ **Two or More Races**

Thank you for your participation.