



15725 SW Greystone Court, Ste. 110, Beaverton, OR 97006 USA P. 503.906.1000 F. 503.214.8389 www.prosourcenetWORK.com

ProSource Network is an equal opportunity employer, and it is the company's policy to recruit and select the best candidate for any job opening. Our selection decisions are made on factors such as demonstrated ability, experience and training without regard to race, color, sex, national origin, religion, age, veteran status, marital status, or disability.

EMPLOYMENT APPLICATION

(Please Print)

Last Name	First	Middle	Date of Application
Street Address			Home Telephone Number ()
City	State	Zip Code	Social Security Number
Email Address (optional)			Cell Phone Number (optional) ()

INFORMATION

Position(s) applied for:	Wage Expectations:
Availability Date:	Preferred Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Other _____ Employment Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Temp to Hire <input type="checkbox"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Overtime

Have you ever worked for ProSource Network before? Yes No If 'Yes', when and where? _____

Are you 18 or older? Yes No

Are you currently employed? Yes No Are you currently laid off from another company and subject to recall? Yes No

Are you legally authorized to work in the United States? Yes No (Proof of eligibility to work in the United States must be provided at time of hire)

Will you now or in the future require sponsorship for employment Visa status? Yes No

Have you ever served in the U.S. Armed Forces? Yes No

If 'Yes', what branch? _____

What Position? _____

Type of Discharge? _____

Have you ever been convicted of a felony? Yes No (A conviction will not necessarily disqualify an applicant from employment)
If 'Yes', please describe circumstances including date of conviction, state and county where conviction occurred:

EDUCATION

High School – Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No			
College – Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
Date Completed			Major		
School Name			City & State		
College – Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
Date Completed			Major		
School Name			City & State		
College – Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
Date Completed			Major		
School Name			City & State		
College – Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
Date Completed			Major		
School Name			City & State		

ADDITIONAL QUALIFICATIONS

<p>SUMMARIZE ANY SKILLS/APTITUDES YOU BELIEVE QUALIFY YOU FOR THIS POSITION</p>
<p>SUBSEQUENT TRAINING (MILITARY, COMPANY, OTHER)</p>
<p>PATENTS, INVENTIONS, PUBLICATIONS, AND RESEARCH PROJECTS</p>

REFERENCES

Name	Address	Employed By	Contact Number	Relationship
			()	
			()	
			()	

REFERRAL SOURCE

How did you hear about this position? <input type="checkbox"/> State Employment Office <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee Referral <input type="checkbox"/> Mail In	<input type="checkbox"/> Non-Profit Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Web Site <input type="checkbox"/> Other _____
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In case of Emergency Contact	Phone
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CERTIFICATION & RELEASE AUTHORIZATION

PLEASE READ CAREFULLY. YOU WILL BE REQUIRED TO SIGN BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING PARAGRAPHS.

ProSource Network is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam era veteran status, special disable veteran status, status with respect to public assistance, membership or activity in a local agency, pregnancy, childbirth, or disabilities related to pregnancy or childbirth, disability, age, the presence of a non-job related medical condition or handicap, or any other legally protected class, or other factors specified by State and Federal law.

No person will be hired without first establishing eligibility to accept employment within the United States.

I certify that I am not currently subject to a non-compete agreement with a prior employer that would interfere with me carrying out the duties connected with employment at ProSource Network.

I authorize the employers and supervisors listed above to give ProSource Network representatives any and all information regarding my previous employment and any pertinent information they may have regarding me. I release ProSource Network and previous employers and supervisors from liability for any claim or injuries that may result from furnishing information to ProSource Network.

In consideration of my employment, I agree to enter into ProSource Network's confidentiality agreement for employees, and to conform to the instruction, rules, and policies of ProSource Network and its clients. My employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of ProSource Network or myself. I understand that no representative of ProSource Network has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

_____	_____
Date	Applicant Signature



EEO STATISTICAL DATA

The federal government requests the following information in order to comply with laws and regulations regarding the Affirmative Action Program. All responses are voluntary. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor is it released in a manner that identifies the individual.

Today's Date: _____

Name: _____
Last First Middle

Position Applying For: _____

Gender: (check appropriate box) (1) Male (2) Female

Birth Date: ____ - ____ - ____
Month Day Year

Race/Ethnic Heritage: (check appropriate box)

- (1) White / Non Hispanic
- (2) Black / Non Hispanic
- (3) Hispanic
- (4) American Indian or Alaskan Native
- (5) Asian or Pacific Islander
- (6) Other (Please Specify): _____

Referral Source: In order to track our advertising efforts, please indicate below how you heard about the position here at ProSource Network.

Please check appropriate box:

- Walk-in
- Advertisement (Ad Source): _____
- Recruitment Unit (Recruiters Name): _____
- Employee Referral (Employee Name): _____
- Website (Website Source): _____
- State Agency (Agency Source): _____
- Other (Please Specify): _____