

Name _____

Position _____

Date _____



EMPLOYMENT APPLICATION

Jacto Inc.
19217 S.W. 119th Ave.
Tualatin, OR 97062

Phone: 503-885-8723
Fax: 503-691-4380
E-Mail: info@jacto.com
www.jacto.com

NOTE: EACH SECTION AND QUESTION MUST BE ANSWERED FULLY AND ACCURATELY. NO ACTION WILL BE TAKEN ON AN INCOMPLETE APPLICATION. THIS COMPANY WILL MAKE REASONABLE ACCOMODATION IN THE APPLICATION PROCESS, IF NEEDED.

Jacto Inc. is an Equal Opportunity Employer. Do not provide any information on this application which will indicate your race; creed; color; national origin; ancestry; sex; marital status; sexual orientation; veteran, current, or future military status; or any other information that is prohibited by federal, state, or local law. The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act of 1992 prohibits discrimination against people with disabilities in regard to any employment practices or terms, conditions, and privileges of employment. The Uniformed Services Employment Rights Act of 1994 prohibits discrimination because of past, current, or future military obligations in most areas of employment, including hiring, promotion, reemployment, termination, and benefits.

TODAY'S DATE	POSITION APPLIED FOR
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WILL YOU WORK ANY SHIFT AND DAY OF THE WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, SPECIFY AVAILABILITY	DESIRED WORK CATEGORY <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	DATE AVAILABLE FOR WORK
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PERSONAL INFORMATION

FULL NAME [Last, First, Middle] IF EDUCATED OR EMPLOYED UNDER A DIFFERENT NAME, PLEASE IDENTIFY

PRESENT ADDRESS - STREET	CITY
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STATE	ZIP CODE	TELEPHONE [DAY]	TELEPHONE [EVENING]
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OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? (FEDERAL LAW REQUIRES PROOF OF IDENTITY & EMPLOYMENT AUTHORIZATION FOR ALL NEW EMPLOYEES). <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN. A CONVICTION DOES NOT AUTOMATICALLY BAR YOU FROM CONSIDERATION FOR EMPLOYMENT.
 YES NO

EDUCATIONAL INFORMATION

CIRCLE LAST YEAR COMPLETED	HIGH SCHOOL 1 2 3 4	NAME/CITY/STATE	MAJOR / DEGREE(S)
	COLLEGE 1 2 3 4	NAME/CITY/STATE	

OTHER, PLEASE SPECIFY

GENERAL CAREER INFORMATION

LIST ANY SPECIAL JOB-RELATED AWARDS, CERTIFICATES, OR LICENSES ISSUED TO YOU. DO NOT PROVIDE ANY INFORMATION WHICH DISCLOSES THAT YOU ARE A MEMBER OF A PROTECTED CLASS.

LIST ANY TRADE OR PROFESSIONAL STANDINGS	HOW MANY YEARS?
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LIST ANY MACHINES OR EQUIPMENT THAT YOU CAN OPERATE WITH CONSIDERABLE SKILL

LIST THE TYPE OF COMPUTER AND/OR OPERATING SYSTEMS YOU CAN OPERATE WITH CONSIDERABLE SKILL

LIST THE SOFTWARE APPLICATIONS YOU CAN OPERATE WITH CONSIDERABLE SKILL

EMPLOYMENT INFORMATION

1	EMPLOYER NAME [CURRENT/MOST RECENT]	ADDRESS [Street, City, State]				TELEPHONE
	TITLE OF YOUR POSITION	DATE STARTED MO. YR.	DATE ENDED MO. YR.	STARTING SALARY \$	ENDING SALARY \$	SUPERVISOR
	REASON FOR LEAVING					
	DESCRIBE WORK PERFORMED					
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO						
2	EMPLOYER NAME [Previous]	ADDRESS [Street, City, State]				TELEPHONE
	TITLE OF YOUR POSITION	DATE STARTED MO. YR.	DATE ENDED MO. YR.	STARTING SALARY \$	ENDING SALARY \$	SUPERVISOR
	REASON FOR LEAVING					
	DESCRIBE WORK PERFORMED					
3	EMPLOYER NAME [Previous]	ADDRESS [Street, City, State]				TELEPHONE
	TITLE OF YOUR POSITION	DATE STARTED MO. YR.	DATE ENDED MO. YR.	STARTING SALARY \$	ENDING SALARY \$	SUPERVISOR
	REASON FOR LEAVING					
	DESCRIBE WORK PERFORMED					
4	EMPLOYER NAME [Previous]	ADDRESS [Street, City, State]				TELEPHONE
	TITLE OF YOUR POSITION	DATE STARTED MO. YR.	DATE ENDED MO. YR.	STARTING SALARY \$	ENDING SALARY \$	SUPERVISOR
	REASON FOR LEAVING					
	DESCRIBE WORK PERFORMED					

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB?

YES NO

HAVE YOU SIGNED A NON-COMPETE AGREEMENT WITH ANY OF YOUR PAST EMPLOYERS (INCLUDING EMPLOYERS NOT LISTED ABOVE)?

YES NO

IF YES, PLEASE PROVIDE JACTO WITH A COPY OF EACH NON-COMPETE(S) YOU HAVE SIGNED AT THE REQUEST OF A PREVIOUS EMPLOYER.

PROVIDED NOT PROVIDED

REFERENCE INFORMATION

LIST NAME, TITLE, ORGANIZATION ADDRESS AND/OR TELEPHONE NUMBER OF BUSINESS REFERENCES

1.

2.

3.

4.

5.

CONDITIONS OF EMPLOYMENT

I UNDERSTAND THAT JACTO INC. REQUIRES A POST-JOB-OFFER MEDICAL EXAMINATION FOR ALL ENTERING EMPLOYEES INDICATING AN ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION.

I UNDERSTAND THAT JACTO INC. REQUIRES A POST-JOB-OFFER/PRE-EMPLOYMENT DRUG TEST WITH NEGATIVE RESULTS AS A CONDITION FOR EMPLOYMENT. MY SIGNATURE INDICATES A WILLINGNESS TO UNDERGO ANY AND ALL DRUG AND ALCOHOL TESTS ADMINISTERED BY THE COMPANY OR ITS AGENT(S).

I CERTIFY THAT I AM NOT ENGAGED IN ANY OUTSIDE ACTIVITY OR BUSINESS THAT MAY BE CONSIDERED A CONFLICT OF INTEREST FOR JACTO INC. OR ITS CUSTOMERS; NOR WILL I ENGAGE IN SUCH ACTIVITY OR BUSINESS IF EMPLOYED.

IF EMPLOYED, I ACKNOWLEDGE THAT MY EMPLOYMENT AND COMPENSATION CAN BE ENDED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY OTHER THAN THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I AUTHORIZE TO JACTO INC. TO RELEASE TO ANY PERSON, FIRM, ENTITY, OR ORGANIZATION WITH WHOM I MAY SEEK EMPLOYMENT IN THE FUTURE, ANY TRUTHFUL INFORMATION CONCERNING MY WORK EXPERIENCE WITH JACTO INC. I HEREBY RELEASE AND HOLD JACTO INC. HARMLESS FROM ANY CLAIM FOR RELEASING ANY TRUTHFUL INFORMATION WITHIN ITS KNOWLEDGE AND/OR RECORDS.

I AUTHORIZE JACTO INC. TO CONDUCT A BACKGROUND INVESTIGATION AND TO SEEK INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, AND PREVIOUS EMPLOYMENT HISTORY. I RELEASE ALL PARTIES AND PERSONS FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR PROVIDING INFORMATION ABOUT MY BACKGROUND AND EMPLOYMENT HISTORY.

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO ALL QUESTIONS ON THE APPLICATION AND ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE AND WITHOUT ANY SIGNIFICANT OMISSIONS TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THIS INFORMATION IS SUBJECT TO VERIFICATION. I UNDERSTAND ANY OMISSION OR MISREPRESENTATION OF FACT IN THE APPLICATION MAY RESULT IN REFUSAL OF OR SEPARATION FROM EMPLOYMENT.

I HAVE HAD AN OPPORTUNITY TO HAVE MY QUESTIONS ANSWERED ABOUT THIS STATEMENT'S CONTENT AND INTENT AND UNDERSTAND JACTO'S CONDITIONS OF EMPLOYMENT.

SIGNATURE *[Application is not acceptable if not signed]*

DATE

NOTE: THANK YOU FOR YOUR TIME IN FILLING OUT THIS APPLICATION. THE APPLICATION IS CURRENT FOR SIXTY (60) DAYS ONLY. AT THE CONCLUSION OF THAT TIME, IF YOU HAVE NOT HEARD FROM US AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR YOU TO FILL OUT A NEW APPLICATION.

Revised: 03/06/07

JACTO INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND TO ASSIST IN OUR RECORDKEEPING, WE ASK THAT YOU PROVIDE THE INFORMATION REQUESTED BELOW. THIS SECTION OF YOUR APPLICATION WILL NOT AFFECT THE CONSIDERATION OF YOUR RESUME/APPLICATION FOR EMPLOYMENT AND WILL BE PROCESSED SEPARATELY FROM YOUR RESUME/APPLICATION. THE REQUESTED INFORMATION IS VOLUNTARY. WE APPRECIATE YOUR COOPERATION.

DATE: _____

POSITION APPLIED FOR: _____

DEPARTMENT: _____

SEX:

- MALE
- FEMALE

ETHNIC CATEGORY:

- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE – A person having origins in any of the original peoples in North America and South America (including Central America), who maintains tribal affiliation or community attachment.
- BLACK OR AFRICAN AMERICAN – A person having origins in any of the Black racial groups of Africa.
- WHITE – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- HISPANIC or LATINO (ALL RACES) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- HISPANIC or LATINO (WHITE RACE ONLY) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- HISPANIC or LATINO (ALL OTHER RACES) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.