

Employment Application



Specialized Pavement Marking, Inc.

11095 SW Industrial Way, Ste A
Tualatin, OR 97062

Phone: 503-885-0420 Fax: 503-218-4883

www.spmnw.com

Return Form to HR Director Paula Cooper
Fax or e-mail to Paula@spmnw.com

Date:

Full Name:

Address:

City, State Zip Code:

Home Phone:

Cell Phone:

E-Mail Address:

Positions Applied for: **Typical Positions:** Highway Striper, Mechanic
Please see our website for a current listing of open positions

SPM Location:

Salary Desired:

Available to Work: Full-Time Part-Time Date available to begin work?

If yes, please explain:

Do you have a drivers license? State of Issue: Endorsements:

Do you have a Commercial drivers license (CDL)? State of Issue:

Do you have any moving violations in the past 5 years? How Many?

Please describe the extent of your mechanical abilities

Other Industry Related Certifications (Examples - Flagger Certification, TCS, Forklift, First Aid/CPR):

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College or Trade School			
Professional School			
Other			

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Previous Employment

10 years of employment history is required.

If the five sections below do not cover 10 years, we have an additional form you can fill in. Please return to our website and click the link for "Additional Employment History" listed below the Printed Employment Application.

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

4.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

5.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

References

Please list 3 people who have know you for at least one year. Include the names, phone numbers, and your relationship (i.e. supervisor, co-worker). Professional references are preferred. Do not list relatives.

1.	Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>
2.	Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>
3.	Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Years Known	<input type="text"/>

Use this space for any additional skills, qualifications, or information you would like us know while considering your application (optional):