

# CPS CERTIFIED PERSONNEL SERVICE AGENCY, INC.

An Equal Opportunity Employer

**PLEASE PRINT ALL INFORMATION IN INK**

NAME (as it appears on Social Security Card)

Address

City

State

Zip

Home Number

Work Number

Cell Number

Email Address

## MARK THE APPROPRIATE BOXES

If hired it will be necessary to present identification in accordance with IRCA requirements.

Hours you are willing to work:

Day

Swing

Graveyard

Temp.

Full-time

Part-time

Over-time

Days you are willing to work:

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

Valid Driver's License (if required for job):  Yes  No State \_\_\_\_\_ License # \_\_\_\_\_  
Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

Mode of Transportation:  Car  Bus  Bike  Motorcycle  Other

How many miles are you willing to travel to work (one way)?

Are you enrolled in school?

Yes

No

Highest grade completed?

7 8 9 10 11 12 13 14 15 16

Are you a high school graduate?

Yes

No

Do you have a GED?

Yes

No

Are you a college graduate?

Yes

No

Major: \_\_\_\_\_

Occupational License(s)/Additional Training \_\_\_\_\_

What is your lowest acceptable starting wage: \$ \_\_\_\_\_ Per  Hr.  Month

Do you consent to a criminal background check?  Yes  No

Do you consent to a drug test?  Yes  No

10201 N McAlister  
PO Box 70  
La Grande, Or 97850  
54-963-6678  
541-963-5213 (fax)

1707 N Hwy 97  
PO Box 514  
Redmond, Or 97756  
541-504-9675  
541-504-0590 (fax)

505 N First Place  
Hermiston, Or 97838  
541-564-7862  
541-564-7874 (fax)

**CHECK OFF SKILLS BELOW WHICH YOU HAVE WORK EXPERIENCE IN:**

The more information that you provide the better chance of matching your qualifications to job openings.

<b>General Office:</b>	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Teletype
	<input type="checkbox"/> Mailroom	<input type="checkbox"/> Filing	<input type="checkbox"/> Copying
<b>Secretarial:</b>	<input type="checkbox"/> General	<input type="checkbox"/> Executive	<input type="checkbox"/> Legal
	<input type="checkbox"/> Medical	<input type="checkbox"/> Machine Transcriptionist	
	<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Judicial	
<b>Typing:</b>	<input type="checkbox"/> General	<input type="checkbox"/> Statistical	<input type="checkbox"/> Legal
	<input type="checkbox"/> Medical	<input type="checkbox"/> WPM_____	<input type="checkbox"/> Other_____
<b>Data Processing:</b>	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Programmer	<input type="checkbox"/> Computer Operator
<b>Software-Specific Programs Used:</b>	<input type="checkbox"/> Windows: (versions) _____		
	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Access
	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Office	<input type="checkbox"/> Adobe Photo Shop
	<input type="checkbox"/> Quick Books	<input type="checkbox"/> Peachtree	<input type="checkbox"/> Apple/Mac
	<input type="checkbox"/> Internet	<input type="checkbox"/> Web Pages	<input type="checkbox"/> E-Mail
	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> MS Power Point	<input type="checkbox"/> Other
<b>Accounting:</b>	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Payable/Receivable	
	<input type="checkbox"/> Payroll	<input type="checkbox"/> Credit/Collections	
	<input type="checkbox"/> Bank Teller	<input type="checkbox"/> 10 key/calculator	
<b>Mechanic:</b>	<input type="checkbox"/> Auto	<input type="checkbox"/> Diesel	<input type="checkbox"/> Small Engine
<b>Machine Trades:</b>	<input type="checkbox"/> Machinist	<input type="checkbox"/> Lathe	<input type="checkbox"/> Metal Fab.
	<input type="checkbox"/> Millwright	<input type="checkbox"/> Other_____	
<b>Mill worker:</b>	<input type="checkbox"/> Sawmill	<input type="checkbox"/> Plywood	<input type="checkbox"/> Lumber Stacker
	<input type="checkbox"/> Green Chain	<input type="checkbox"/> Grader	<input type="checkbox"/> Millwright
	<input type="checkbox"/> Other_____		
<b>Painter:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Auto
	<input type="checkbox"/> Spray	<input type="checkbox"/> Brush	<input type="checkbox"/> Other_____
<b>Construction:</b>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Drywall
	<input type="checkbox"/> Insulation	<input type="checkbox"/> Framing	<input type="checkbox"/> Roofing
			<input type="checkbox"/> Finish
			<input type="checkbox"/> Siding
<b>Landscaper:</b>	<input type="checkbox"/> Design	<input type="checkbox"/> Laborer	<input type="checkbox"/> Other_____
<b>Heavy Equipment:</b>	<input type="checkbox"/> Back-hoe	<input type="checkbox"/> Forklift	<input type="checkbox"/> Track Equip.
	<input type="checkbox"/> Other_____		
<b>Welding:</b>	<input type="checkbox"/> Arc	<input type="checkbox"/> Gas	<input type="checkbox"/> Combination
	<input type="checkbox"/> Helper	<input type="checkbox"/> Fitter	<input type="checkbox"/> Other_____
<b>Truck Driver:</b>	<input type="checkbox"/> Heavy	<input type="checkbox"/> Light	<input type="checkbox"/> Tractor-trailer
	<input type="checkbox"/> Dump	<input type="checkbox"/> Log	<input type="checkbox"/> Delivery
<b>General Laborer:</b>	<input type="checkbox"/> Mover	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> Construction	<input type="checkbox"/> Field Farm Worker	
	<input type="checkbox"/> Other_____		
<b>Certified Flagger-Equipment:</b>	<input type="checkbox"/> Vest	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> CB Radio
	<input type="checkbox"/> Pilot Car	<input type="checkbox"/> 2-Way Radio	<input type="checkbox"/> Rain Gear
	<input type="checkbox"/> Card Expires:_____	<input type="checkbox"/> Yrs. Exp: _____	

# EMPLOYMENT HISTORY

(A Resume does not substitute)

## WHAT TYPE OF WORK ARE YOU CURRENTLY SEEKING?

Job Type: \_\_\_\_\_ Months of Experience: \_\_\_\_\_

Where did you get the experience/training? \_\_\_\_\_

Job Type: \_\_\_\_\_ Months of Experience: \_\_\_\_\_

Where did you get the experience/training? \_\_\_\_\_

## ADDITIONAL INFORMATION-QUALIFICATIONS/WORK EXPERIENCE

Please list special skills and qualifications. Any additional information that you feel may be helpful to CPS staff considering your application.

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JOB NUMBER 1 (CURRENT OR MOST RECENT POSITION)		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS/PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME/PHONE NUMBER
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.
FROM (MONTH/YEAR)	TO (MONTH/YEAR)	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVG)	
DUTIES (LIST ALL DUTIES YOU PERFORMED).		
REASON FOR LEAVING THIS POSITION		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please give a reason)

## EMPLOYMENT HISTORY (CONT.)

JOB NUMBER 2		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE	SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH/YEAR)		TO (MONTH/YEAR)
TOTAL TIME IN CURRENT OR LAST POSITION		HOURS WORKED PER WEEK (AVG)
DUTIES (LIST ALL DUTIES YOU PERFORMED).		
REASON FOR LEAVING THIS POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please give reason)	
JOB NUMBER 3		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE	SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH/YEAR)		TO (MONTH/YEAR)
TOTAL TIME IN CURRENT OR LAST POSITION		HOURS WORKED PER WEEK (AVG)
DUTIES (LIST ALL DUTIES YOU PERFORMED).		
REASON FOR LEAVING THIS POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please give reason)	

## EMPLOYMENT HISTORY (CONT.)

JOB NUMBER 4					
NAME OF EMPLOYER		EMPLOYER'S ADDRESS/PHONE NUMBER			
KIND OF BUSINESS		SUPERVISOR'S NAME/PHONE NUMBER			
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.			
FROM (MONTH/YEAR)	TO (MONTH/YEAR)				
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVG)				
DUTIES (LIST ALL DUTIES YOU PERFORMED).					
REASON FOR LEAVING THIS POSITION		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please give reason)			
JOB NUMBER 5					
NAME OF EMPLOYER		EMPLOYER'S ADDRESS/PHONE NUMBER			
KIND OF BUSINESS		SUPERVISOR'S NAME/PHONE NUMBER			
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.			
FROM (MONTH/YEAR)	TO (MONTH/YEAR)				
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVG)				
DUTIES (LIST ALL DUTIES YOU PERFORMED).					
REASON FOR LEAVING THIS POSITION		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please give reason)			

## REFERENCES

**List three references that are not previous employers or relatives.**

NAME/ADDRESS/PHONE NUMBER

NAME/ADDRESS/PHONE NUMBER

NAME/ADDRESS/PHONE NUMBER

## EMERGENCY CONTACT INFORMATION

**EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

## WHERE TO DO YOU WANT TO WORK

**CHECK THE LOCATION(s) THAT YOU WILL WORK:**

- |                                       |                                     |  |  |                                       |
|---------------------------------------|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> La Grande    | <input type="checkbox"/> Baker City | <input type="checkbox"/> Boardman      | <input type="checkbox"/> Hermiston     | <input type="checkbox"/> Sisters      |
| <input type="checkbox"/> Pendleton    | <input type="checkbox"/> Umatilla   | <input type="checkbox"/> Ukiah         | <input type="checkbox"/> Burns         | <input type="checkbox"/> Hood River   |
| <input type="checkbox"/> Heppner      | <input type="checkbox"/> Richland   | <input type="checkbox"/> Halfway       | <input type="checkbox"/> Wallowa Co.   | <input type="checkbox"/> The Dalles   |
| <input type="checkbox"/> Austin-Bates | <input type="checkbox"/> Vale       | <input type="checkbox"/> John Day      | <input type="checkbox"/> Jordan Valley | <input type="checkbox"/> Warm Springs |
| <input type="checkbox"/> Ontario      | <input type="checkbox"/> Bend       | <input type="checkbox"/> Klamath Falls | <input type="checkbox"/> Curry Co.     | <input type="checkbox"/> Sunriver     |
| <input type="checkbox"/> Redmond      | <input type="checkbox"/> Madras     | <input type="checkbox"/> Prineville    | <input type="checkbox"/> La Pine       | <input type="checkbox"/> Anywhere     |

## HOW DID YOU LEARN ABOUT US

- NEWSPAPER (LIST PUBLICATION) \_\_\_\_\_
- EMPLOYMENT OFFICE \_\_\_\_\_
- WEBSITE (LIST) \_\_\_\_\_
- FRIEND (NAME) \_\_\_\_\_
- EMPLOYEE REFERRAL (NAME) \_\_\_\_\_
- READER BOARD/CPS SIGNAGE \_\_\_\_\_
- OTHER: \_\_\_\_\_

# TEMPORARY EMPLOYEE GUIDELINES AND POLICIES

1. CPS is an equal opportunity employer. It is our policy to provide equal employment opportunities to all qualified individuals regardless of race, color, creed, religion, national origin, sex, age, disability, veteran status, or other status protected by law.
2. CPS is an “at will” employer. This means that employment can be terminated with or without cause, and with or without notice, at the option of the company or at the option of the employee.
3. You must contact our office at least one (1) hour prior to your assignment start time if you will be late, leaving early, or if you are unable to work that day due to illness or emergency. Failing to report to work without notice to CPS (NO SHOW / NO CALL) may result in disciplinary action up to and including termination.
4. Excessive absenteeism and tardiness or other violations of a work schedule will create problems for our client’s company and may result in disciplinary action up to and including termination.
5. Family and personal visitors are only allowed in designated visitors areas at client’s workplace.
6. Dental, medical and personal appointments should be scheduled around your assignments. If this is impossible, contact CPS in advance so we may discuss this with our client.
7. Adhere to our client’s safety guidelines and policies, including breaks, lunch periods, and dress code. Keep all client proprietary information to yourself in a confidential manner.
8. Use of client’s phones is to be kept to emergencies only. You may leave CPS’s phone number with your spouse/family in case of an emergency. Use of cellular phones for personal use is also not allowed during work hours. Violations may result in disciplinary action up to and including termination.
9. Contact CPS immediately if the client discusses the possibility of hiring you. You must contact our office if assignment is to be extended or shortened or if the worksite is changed from the original location.
10. To preserve the integrity of work relationships, CPS has a policy against any form of harassment, verbal, non-verbal, or physical. Immediately report any incident of harassment to CPS. CPS will do an immediate investigation and a decision will be made based on facts. Appropriate disciplinary action will be taken against those found to have violated this policy.
11. All complaints need to be directed to CPS first in order to be dealt with effectively.
12. We are very concerned about the safety of our employees. Contact CPS immediately if you are ever injured on the job. Let CPS know immediately if you are asked to do work other than what was described to you by CPS.

## TEMPORARY EMPLOYEE GUIDELINES AND POLICIES CONT.

13. Counter productive behavior such as theft, fraud, disclosure of confidential information, foul language, sexual harassment and/or other conduct which limits your effectiveness by reason of its detrimental effect to our client **will not be tolerated** by CPS and may result in disciplinary action up to and including termination.
14. Your rate of pay may vary with each assignment. It is confidential information and should not be discussed with clients, employees of clients or other employees of CPS.
15. Accurate recordkeeping is required. CPS will furnish you with a timecard. It is your responsibility to complete it accurately and obtain an authorized signature. Timecards are due weekly and must be turned into CPS every Monday morning by 9am. Failure to do so may result in disciplinary action up to and including termination.
16. A safe work environment provides an efficient work force. Disciplinary action up to and including termination may result from any violation which include but are not limited to the following: unsatisfactory work performance; untimely start times or overstaying of breaks; stopping work prior to scheduled time; leaving work without permission or notification; insubordination; unauthorized possession of weapons; sleeping on duty; unauthorized removal of property; actual or attempted damage to property; endangering yourself or others.
17. You must contact CPS immediately if any of the following things change: your name; your phone number or mailing address; your health (as it relates to your job).

### ACKNOWLEDGEMENT

This certifies that I have **read, understand, and will abide** by the Temporary Employee Guidelines and Polices. I have also been supplied with a copy upon my request. I further understand that **failure to comply** with the Temporary Employee Guidelines and Policies may result in disciplinary action up to and including termination.

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EMPLOYEE SIGNATURE

DATE

## EMPLOYEE'S RESPONSIBILITY SAFETY AGREEMENT

1. CPS has a zero tolerance Drug and Alcohol Policy (published separately). Consumption of, possessions of, distribution of, or the presence in the body of drugs or alcohol on the job will not be tolerated and will constitute grounds for disciplinary action up to and including termination.
2. Employees are responsible for their safety and the safety of others.
3. **Report all accidents and/or injuries to your supervisor immediately.** You will also need to contact CPS so that the appropriate paperwork is filled out and completed. Injuries that are not reported immediately may result in disciplinary action up to and including termination.

## EMPLOYEE'S RESPONSIBILITY SAFETY AGREEMENT CONT.

4. Report any and all safety concerns to your supervisor and to CPS immediately.
5. Horseplay and practical jokes will not be tolerated by CPS and may result in disciplinary action up to and including termination.
6. Use proper lifting procedures for all manual labor and material handling (consult supervisor). Use material handling aides when possible.
7. Obey all traffic safety procedures when operating any CPS and/or client company's equipment/vehicles. **Prior authorization** from CPS for equipment/vehicle operation must be given to you. Talking on cell phones during equipment/vehicle operation is prohibited. Violations may result in disciplinary action up to and including termination.
8. Housekeeping is everyone's responsibility. Safety starts with a clean work environment. Clean up spills. Pick up walkway hazards. Pick up your trash and dispose of it properly.
9. Know the location of fire extinguishers and other safety devices. If you are working with chemicals note the location of the MSDS sheets or ask the supervisor to show you where they are located.
10. Wear all required personal protective equipment; review this with your supervisor. Employees who fail to follow prescribed safety and health procedures may be subject to disciplinary action, up to and including termination.
11. Obey company's smoking policies.
12. No one will operate any machine, device or tool unless authorized and properly trained in its safe operation. All safety guards must be in place.
13. You will notify CPS immediately should there be a change in the driving status if driving is a requirement of your job.
14. CPS and your supervisor must be notified within 24 hours of the result of any subsequent visits and/or changes in modified work release. All paperwork concerning on-the-job injury must be provided to CPS in order to follow any doctor or care provider's instructions. (Return to Work Policy – published separately).

### Acknowledgment

This certifies that I read, understand and will abide by the Employee's Responsibility Safety Agreement. I have also been supplied with a copy upon my request. I further understand that failure to comply with the Employee's Responsibility Safety Agreement may result in disciplinary action up to and including termination.

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Employee Signature

Date

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Certified Personnel Service Agency, Inc. (CPS) to check into my background and references and to investigate any information provided in my application for employment.

I respectfully request and authorize you to furnish CPS with any and all information that you may have concerning my employment and education record. Your cooperation in this reply will be used to assist CPS in determining my qualifications for the position I am seeking with CPS.

I hereby agree to hold harmless any person or organization from any liability (suit, claim or other action) that may result from supplying the information requested.

---

Signature of Applicant

Date

**THIS APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING STATEMENT HAS BEEN READ AND SIGNED**

I certify that the information furnished in this application is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, misstatement or omission of facts may be justification for disqualification, refusal of employment, or termination if employed.

This application is not to be construed as a contract. CPS reserves the right to employ at will. This means that employment can be terminated with or without cause, and with or without notice, at any time, at the option of the company or at the option of the employee.

Please understand that filling out an application does not guarantee you a job with CPS or with any of our clients. If you are contacted for employment with CPS, you may be required to complete additional employment documents. You will receive a copy of **CPS' Temporary Handbook, CPS's Return to Work Policy, CPS' Drug and Alcohol Policy, CPS Flagger Code of Ethics and ACT Summary Plan Description**, which describes the various policies and procedures that you, as a condition of your employment, must observe. Accepting a job assignment with CPS does not guarantee you future job assignments with CPS clients or with CPS.

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Signature of Applicant

Date

# CPS CERTIFIED PERSONNEL SERVICE AGENCY, INC.

## An Equal Opportunity and Affirmative Action Employer EMPLOYMENT VERIFICATION

Please fill in the name and address of a former employer below. This form will be emailed, mailed or faxed to them for employment verification.

Past Employer: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Final Salary: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your S.S.N. \_\_\_\_\_

Your Name: \_\_\_\_\_

You are hereby authorized to give all information regarding my service and conduct while in your employment, and you are released from any and all liability which may result from furnishing such information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE – FOR PREVIOUS EMPLOYER USE ONLY**

The person named above has applied for employment and listed your name as a former employer. As we are interested in obtaining data relative to the applicant's previous employment records, we would appreciate you furnishing the information requested below. Please add any comments relevant to his/her employment. Thank you for your cooperation.

PLEASE MARK YOUR RATING OF THIS CANDIDATE:

	EXCELLENT	GOOD	FAIR	POOR
Work Performance				
Cooperation/Attitude				
Customer Contact				
Attendance				
Dependability				

Please mark the following regarding this person's employment:

- Currently Employed Here
- Left Voluntarily / Employment Entirely Favorable
- Discharged Because of Company's Cutback in Work Force or Change in Skill Need
- Left Employment Voluntarily / Employment Not Entirely Favorable
- Discharged for Unfavorable Employment or Conduct

Is This Person Eligible for Rehire?

- Yes  No, Due to Company Policy – Not Related to Unfavorable Employment
- No, Due to Unfavorable Employment

Comments: \_\_\_\_\_

Signature

**10201 N McAlister  
PO Box 70  
La Grande, Or 97850  
54-963-6678  
541-963-5213 (fax)**

Printed Name

**1707 N Hwy 97  
PO Box 514  
Redmond, Or 97756  
541-504-9675  
541-504-0590 (fax)**

Title

**505 N First Place  
Hermiston, Or 97838  
541-564-7862**

Date

**541-564-7874 (fax)**

