

NEILSON RESEARCH CORPORATION

Analytical Consulting Laboratory
245 South Grape Street, Medford, OR 97501
Telephone (541) 770-5678
FAX (541) 770-2901

APPLICATION FOR EMPLOYMENT

PLEASE PRINT. DO NOT TYPE.

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Referral Source Internet Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____ - ____ - ____

If necessary, best time to call you at home is.....

May we contact you at work?..... Yes No

If yes, work number and best time to call..... (____) _____ : ____ am/pm

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before?.....

If yes, give date..... ____ / ____ / ____.

Have you ever been employed here before?..... Yes No

If yes, give dates..... From ____ / ____ / ____ To ____ / ____ / ____.

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... ____ / ____ / ____.

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall?..... Yes No

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

Have you ever been bonded?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number (if job related) _____ State _____

Neilson Research Corporation is an Equal Opportunity Employer

APPLICATION

INSTRUCTIONS: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.

Name _____

Position applied for _____

Available to work: Days Evenings Weekends

Expected Pay _____

EDUCATIONAL BACKGROUND

1. Name of College/University _____

Address _____

Years Attended _____ Major _____

Degrees and Date _____

2. Name of College/University _____

Address _____

Years Attended _____ Major _____

Degrees and Date _____

3. Name of College/University _____

Address _____

Years Attended _____ Major _____

Degrees and Date _____

4. Name of College/University _____

Address _____

Years Attended _____ Major _____

Degrees and Date _____

EMPLOYMENT EXPERIENCE

List your most recent employer first.

1. Name of Employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates Employed: From _____ To _____ Supervisor _____
Hourly Rate/Salary: Starting _____ Final _____
Describe Duties and Positions _____

Reason for Leaving _____

2. Name of Employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates Employed: From _____ To _____ Supervisor _____
Hourly Rate/Salary: Starting _____ Final _____
Describe Duties and Positions _____

Reason for Leaving _____

3. Name of Employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates Employed: From _____ To _____ Supervisor _____
Hourly Rate/Salary: Starting _____ Final _____
Describe Duties and Positions _____

Reason for Leaving _____

4. Name of Employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates Employed: From _____ To _____ Supervisor _____
Hourly Rate/Salary: Starting _____ Final _____
Describe Duties and Positions _____

Reason for Leaving _____

PROFESSIONAL REFERENCES

List four references of individuals not related to you and have knowledge of your skills. Do not list supervisors from the Work Experience section of this application.

1. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
2. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
3. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
4. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)

PERSONAL REFERENCES

List four references other than family members or previous employers.

1. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
2. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
3. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)
4. Name _____
Address _____
City/State/Zip _____
Years Acquainted _____ Phone (_____)

GENERAL INFORMATION

Describe your one-year goal: _____

Describe your five-year goal: _____

Specification Qualifications: List all training courses directly related to this position or attach copies of transcripts: _____

Describe your past experience relating to the position applied for and include experience of specific instrumentation: _____

AUTHORIZATION TO CHECK REFERENCES

Name of Applicant _____

Address _____

Date _____ Phone _____ SS# _____

I have submitted an application to Neilson Research Corporation for employment with this firm. I hereby authorize and request each employer, person, firm, or corporation to answer all questions that may be asked, and to give all information that may be sought, in connection with this application or concerning me or my work, character, skill or action in any job duty, unless listed below: (If "none" please indicate)

- 1. _____
- 2. _____
- 3. _____

Neilson Research Corporation is authorized to make any inquiries deemed necessary, including without limiting the generality of the foregoing, any questions concerning my work habits (adaptability, attitude, potential), quality of work (quantity, knowledge, trainability), punctuality/dependability, required supervision (instructions, criticism), ability to get along with others and sales ability.

A photocopy of this signed page is to serve as my authorization to release information from previous employers, persons, firms or corporations.

Signature _____

Date _____

NOTIFICATION OF ADDITIONAL TERMS OF EMPLOYMENT

Name of Applicant_____

Address_____

Date_____ Phone_____ SS#_____

I hereby certify that all statements in the application are true and correct to the best of my knowledge.

I understand that misrepresentation of omission of facts called for in my application is cause for dismissal.

I understand that as a condition of initial and/or continued employment by Neilson Research Corporation, I will be required to submit to drug and alcohol testing, and be subject to a criminal background check.

I further understand that I will be required to sign an "Employee Confidentiality Agreement" as an initial condition or employment by Neilson Research Corporation.

Signature_____

Date_____