

# HARVEY & PRICE

2015 Nugget Way, Eugene, OR 97403 ♦ PO Box 1910, Eugene, OR 97440 ♦ (541) 746-1621 ♦ (541) 746-8729 fax  
CCB #77

An Equal Opportunity Employer

## Application for Employment

This application is active for 90 days

### Instructions

**PLEASE PRINT.** Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered.

Today's Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Employment status sought:

Full Time

Desired Salary \$ \_\_\_\_\_

Part Time

Date Available \_\_\_\_\_

Do you have any commitments/agreements with another employer which might affect your employment here?  Yes  No

If yes, explain \_\_\_\_\_

### Personal Data

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Present Street Address City State Zip Code

\_\_\_\_\_  
Social Security Number E-mail Address

\_\_\_\_\_  
Home Telephone Number Cell Phone Number

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

If under age 18, do you have a valid work permit?  Yes  No Can you provide proof that you are legally able to work in this country?  Yes  No

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Do you have a driver's license?  Yes  No Driver's License number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



## Work History

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name, and supply references. If you worked in any of the positions under another name, give name(s). PLEASE GIVE MONTH & YEAR

Employer		Supervisor(s)	
Address		Phone	Salary: <i>Start</i> <i>End</i>
Dates Employed From _____ to _____	Position Held	Reason for Leaving	
Duties			
Employer		Supervisor(s)	
Address		Phone	Salary: <i>Start</i> <i>End</i>
Dates Employed From _____ to _____	Position Held	Reason for Leaving	
Duties			
Employer		Supervisor(s)	
Address		Phone	Salary: <i>Start</i> <i>End</i>
Dates Employed From _____ to _____	Position Held	Reason for Leaving	
Duties			
Employer		Supervisor(s)	
Address		Phone	Salary: <i>Start</i> <i>End</i>
Dates Employed From _____ to _____	Position Held	Reason for Leaving	
Duties			
Employer		Supervisor(s)	
Address		Phone	Salary: <i>Start</i> <i>End</i>
Dates Employed From _____ to _____	Position Held	Reason for Leaving	
Duties			

## References

Please give three (3) references, not relatives or former employers.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Occupation \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Occupation \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Occupation \_\_\_\_\_

## Affidavit

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references listed or not listed on this application may be contacted by Harvey and Price Company. These references are authorized to give Harvey and Price Company any and all pertinent information they may have. I release all persons or entities involved, including Harvey and Price Company, from all liability arising from this contact and provision of information.

I agree to submit to any post offer, pre-employment testing or physicals, as required by Harvey and Price Company. I also agree to any pre-offer aptitude, or ability testing required by Harvey and Price Company.

I authorized Harvey and Price Company to conduct a criminal history check and understand that un-expunged criminal convictions may be considered by Harvey and Price Company in making hiring decisions.

I agree to conform to all Harvey and Price policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between Harvey and Price Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express formally executed contract, I have the right to terminate my employment at any time for any reason and Harvey and Price Company has the same right.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(re-type name here if submitting via email, this will represent your digital signature)



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## Health and Safety

### Substance Abuse Testing Consent Form

Part of the hiring process includes testing for both alcohol and controlled substances, after we have extended an *"offer of employment."* If you wish to continue the employment process, you must participate in such testing and consent to such testing by signing this form. If after testing, the results are positive, *we reserve the right to refuse employment.*

Do you consent to testing on a specimen provided by you in order to determine the presence of alcohol or controlled substances and recognize that the results of an analysis of such specimen will be used to determine suitability for employment?

Yes

No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(re-type name here if submitting via email, this will represent your digital signature)



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## MOTOR VEHICLE RECORD (MVR) POLICY

It is the policy of **Harvey and Price Company** to obtain and review the Motor Vehicle record (MVR) on each prospective driver\* before an offer for employment is extended to the individual. Management will review the Motor Vehicle Record to ascertain if the applicant or employee holds a valid license and their driving record is within the parameters set by company driving policy.

\* A "driver" is someone who could not perform the duties assigned to them without driving a vehicle.

Management will conduct an annual review of each employee's driving performance, where driving is a part of his or her job. Based upon the outcome of the annual review, the driving exposure, and the losses experienced during the past year, MVRs may then be ordered and reviewed. As a company policy MVRs are checked each three years on all employees where driving is part of their job description, annually on drivers under the age of 25, and annually on drivers identified during the annual driving review. If the employee's driving record does not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(re-type name here if submitting via email, this will represent your digital signature)

## EEO Supplemental Information Form

We are subject to certain government recordkeeping requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. **This information will not be used as the basis for any adverse employment decision.** The Company will make every effort to meet a request for disability accommodations.

### Equal Opportunity Information

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Male  Female  Other/prefer not to answer

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original people of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic/Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the races above, excluding Hispanic or Latino.

Disability/Handicap: \_\_\_\_\_

Is there anything which would limit your ability to perform the essential functions for the job for which you are applying?

If so, please explain:

If you have any limitations, please specify the accommodations which could be made to enable you to perform the job properly and safely, including special equipment, changes in physical layout, and changes in job duties.

### Military Service

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_  
Period of Service: \_\_\_\_\_ Reserve Status: \_\_\_\_\_  
Vietnam Era Veteran  Disabled Veteran

### Friend/Relative Employment

Friend(s) or Relative(s) employed at Company:  Yes  No  
Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

## Representation

Harvey and Price Company is represented by two (2) unions. You will need to be a member of one of these unions to obtain employment as a Plumber, Fitter, HVAC, or Sheet Metal worker. Please contact the representatives below for information on how to become a member.

The Fire-Sprinkler division is not union represented, however, we do utilize the apprenticeship program if you are not a journeyman level worker.

### ***Sheet Metal Division - Union Represented***

Sheet Metal Workers Union International Association - Local Union #16

Business Representative:

Dennis Dover

1887 Laura Street

Springfield, Oregon 97477

541-746-7626

~ If no answer, please leave a message ~

### ***Plumbing and Piping Division - Union Represented***

Plumbing & Pipe Fitting Industry U.A. Local Union #290

Business Representative:

Jeff McGillivray

782 Shelley Street

Springfield, Oregon 97477

541-521-1400

~ If no answer, please leave a message ~

### ***Fire-Sprinkler Division - Non-Union***

Associated Builders & Contractors Apprenticeship Division

12256 S.W. Garden Place

Tigard, Oregon 97223

1-800-284-5434