

Innovative Equipment Engineered To Last

66498 Oregon Hwy. 203 ~ La Grande, OR 97850 (541) 963-7348 / (800) 525-7348 / FAX (541) 963-6755

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applications may request accommodations needed to participate in the application process.

Personal									
Name:	First		M.I.	ı	_ast		Ov	er 18?	
Date of Birth:			0						
Address:									
	No.	Street		City	1	State	1	Zip	
How Long At T	his Address?		Years	Home Phon	e				
Prior				Cell Phon	ie				
Address:	No.	Street		City	1	State	/	Zip	
How Long At T	his Address?		Years Email	l:					
Previous Emp	loyment Record								_
Employer:									
Address:									
	No.	Street		City	1	State	/	Zip	
Position Held:			From	n /	To)			
Reason for Leaving:			Supervisor Name:		Ph	one:			
Employer:									
Address:									
	No.	Street		City	1	State	1	Zip	
Position Held:			From	n /	To)			
Reason for Leaving:			Supervisor Name:		Ph	one:			
Employer:									
Address:									
	No.	Street		City	/	State	/	Zip	
Position Held:			From	n /	To)			
Reason for Leaving:			Supervisor Name:	· 		one:			
			•						_



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	<u> </u>									
EDUCATION	Name and Location of School:	Circle Did you Subjects Studied Last Year Completed Graduate? Degrees Received								
Grammar School:	Name and Location of School.	Last Teal Completed Gladuate: Degrees Received								
High School:										
riigii Scriooi.										
College:		1 2 3 4								
Trade School:		1 2 3 4								
	******I AM APPLYING FOR (check all that apply)******									
		one di initiali pri i								
	Welder	Assembly								
	Saw Operator	Powder Coat								
	CNC Department	Shipping								
	Office	Any Position								
AUTHORIZATION:										
I certify that the facts contained		are true and complete to the best of my knowledge. I understand that any false usal to hire, or dismissal if I have been employed, no matter when discovered by								
I understand that any employment is conditioned on a background check. I authorize Barreto Manufacturing, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Barreto Manufacturing, without giving me prior notice of such disclosure. In addition, I release Barreto Manufacturing, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.										
I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without any fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either my self or Barreto Manufacturing. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Barreto Manufacturing unless made in writing.										
If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination, drug test, or alcohol test at any time deemed appropriate by Barreto Manufacturing and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Barreto Manufacturing the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by Barreto Manufacturing's Drug and Alcohol Policy.										
		s not obligate Barreto Manufacturing to hire. If hired, I agree to abide by all company								
work rules, policies and proced	lures. Barreto Manufacturing retains the right to revise its	s policies or procedures, in whole or in part, at any unite.								
. <u> </u>	Applicant Signature									
	- · · ·	ALCOHOL TESTING WILL APPLY FOR DRIVERS.								
	*****EMPLOYER	USE ONLY*****								
NOTES:										
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