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 o	Date of Application		
Referral Source	□ Walk-in	☐ Private □	☐ Employment A	☐ Government Endagency ☐ Other	er		
Name_	Last		First		Middle		
Address			City	State	Zip Code		
Telephone Numl	ber <u>(</u>)						
-					<u>-</u>		
May we contact	you at work?					□ Yes	☐ No
If yes, work num	ber and best	time to call		()		: a:	.m/pm
							□ No
Have you filed a	n application	here before?					
If yes, give date.					<u>/</u>	/ .	
							□ No
If yes, give dates	3		Froi	m//	To/	/ .	
	eligible for en	nployment in thi	is country				□ No
Date available for	or work				<u>/</u>	/ .	
Type of employn	nent desired	☐ Full Time	☐ Part Time	☐ Temporary	☐ Seasonal	☐ Educational C	Со-Ор
Are you on lay-off	and subject to	recall?				\(\sigma\) Yes	□ No
Will you relocate	e if job requir	es it?	Yes 🗖 No	Will you travel if	job requires it?	 \(\sigma\) Yes	□ No
Are you able to r	neet the atter	dance requirem	ents of the posit	ion?		🗆 Yes	□ No

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	
Positi	on applied for
Avail	able to work: Days Evenings Weekends
Expec	eted Pay
EDI	ICATIONAL BACKGROUND
LDC	
1.	Name of College/University
	AddressMajorMajor
	Degrees and Date
	begrees and bate
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.

	Phone (
_		
	Phone ()
	Dhone (
	_	
	Phone (
То	Supervisor	,
	To	

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		
		Phone _ ()	
3.	Name		
	Address		
	City/State/Zip		
	Years Acquainted		
4.	Name		
	Years Acquainted	Phone()	
PE	ERSONAL REFERENCES		
Lis	st four references other than fami	ily members or previous employers.	
1.	Name		
	Address		
	City/State/Zip		
	Years Acquainted	Phone _()	
2.	Name_		
	Years Acquainted	Phone _ ()	
3.	Name		
	Address		
	City/State/Zip		
4.	City/State/ZipYears Acquainted		
4.		Phone ()	
4.	Years AcquaintedName	Phone _ ()	
4.	Years AcquaintedNameAddress	Phone _ ()	
4.	Years AcquaintedNameAddressCity/State/Zip	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 Applica	ant		
Address			
Date	Phone	SS#	
I hereby authorough questions that this application	orize and request each e may be asked, and to g	eilson Research Corporation for ememployer, person, firm, or corporation all information that may be souny work, character, skill or action ate)	on to answer all aght, in connection with
1			
2			
3			
without limiti (adaptability, punctuality/de others and sal	ng the generality of the attitude, potential), qua ependability, required sees ability.	norized to make any inquiries deem foregoing, any questions concerninglity of work (quantity, knowledge, upervision (instructions, criticism),	ng my work habits trainability), ability to get along with
	of this signed page is to loyers, persons, firms o	serve as my authorization to release r corporations.	se information from
Date			

NOTIFICATION OF ADDITIONAL TERMS OF EMPLOYMENT

Name of Ap	pplicant	
Address		
		SS#
I hereby cer knowledge.	•	ne application are true and correct to the best of my
I understand dismissal.	d that misrepresentation of	omission of facts called for in my application is cause for
	, I will be required to subm	ial and/or continued employment by Neilson Research nit to drug and alcohol testing, and be subject to a criminal
		ired to sign an "Employee Confidentiality Agreement" as Neilson Research Corporation.
Signature		
Date		