



Application for Employment

Please complete entire application and return to any Parr Company location or email to parrjobs@parr.com.

The Parr Company® is an equal opportunity employer committed to a policy of non-discrimination in employment on any basis including race, color, ancestry, gender, age, religion, marital, veteran or citizenship status, sexual orientation, national origin, the presence of any sensory, mental or physical disabilities, or any other basis prohibited by local, state, or federal law. Applicants may request a reasonable accommodation at any point in the employment process.

The Parr Company® is a drug-free workplace and pre-employment drug testing is required.

Desired Employment

Position applying for	Date available for employment
Are you able to perform the essential functions of desired position (either with or without reasonable accommodations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work availability (mark all that apply) <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Over-time

Desired Location Please mark the location(s) you would like to work at (*CDC & DC = Parr Design Centers, Logistics = main distribution yard)

West Portland Metro <input type="checkbox"/> Corporate Head Quarters <small>(Hillsboro)</small> <input type="checkbox"/> Hillsboro <input type="checkbox"/> Raleigh Hills <input type="checkbox"/> Forest Grove <input type="checkbox"/> West Linn <input type="checkbox"/> 185th Ave Aloha <small>(DC/Logistics)</small> <input type="checkbox"/> NW 19th Ave <input type="checkbox"/> Trus-Way <small>(Hillsboro)</small> <input type="checkbox"/> NW Cabinet Outlet <input type="checkbox"/> Cascade <input type="checkbox"/> Windows & Doors Distribution	East Portland Metro <input type="checkbox"/> MLK <input type="checkbox"/> Rockwood <input type="checkbox"/> NE Whitaker Way <small>(CDC)</small> Washington <input type="checkbox"/> Vancouver <input type="checkbox"/> Ridgefield <input type="checkbox"/> Trus-Way <small>(Vancouver)</small>	Central/Southern OR <input type="checkbox"/> Bend <input type="checkbox"/> Prineville <input type="checkbox"/> Burns <input type="checkbox"/> Medford <input type="checkbox"/> Quality Truss <small>(Redmond)</small> Valley South OR <input type="checkbox"/> Salem <input type="checkbox"/> Albany <input type="checkbox"/> Springfield <input type="checkbox"/> Newberg	Puget Sound WA <input type="checkbox"/> Tacoma <input type="checkbox"/> Bothell <input type="checkbox"/> Marysville <input type="checkbox"/> Tukwila <small>(CDC)</small> <input type="checkbox"/> Fife <small>(CDC)</small> <input type="checkbox"/> Everett <small>(CDC)</small> Eastern WA <input type="checkbox"/> Spokane <input type="checkbox"/> Pasco <input type="checkbox"/> Trus-Way <small>(Tri-Cities)</small>
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Personal Information

Full Legal Name		Preferred Name (if different)	
Street Address	City	State	Zip Code
Phone Number(s)		Email	
Emergency Contact Name		Emergency Contact Phone	
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If selected for employment are you willing to submit a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by The Parr Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what dates? -	Reason for Leaving	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives or members of your household working for the The Parr Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes" list the names of the employees and your relationship to them. (Answering "yes" will not disqualify you from employment but will aid in job placement to avoid conflicts of interest.)			
Were you referred by a current employee at the The Parr Company for this position? <input type="checkbox"/> Yes <input type="checkbox"/> no	If "yes" list the employee name.		

Other Information

Do you have a valid driver's license? Answering "no" will not bar you from consideration for non-driver positions. <input type="checkbox"/> Yes <input type="checkbox"/> No	What class of driver's license do you hold? <input type="checkbox"/> C (standard) <input type="checkbox"/> C (CDL w/out Air Brakes) <input type="checkbox"/> C (CDL w/Air Brakes) <input type="checkbox"/> B (CDL w/out Air Brakes) <input type="checkbox"/> B (CDL w/Air Brakes) <input type="checkbox"/> A (CDL)
Driver's License State, Number and Expiration Date	Endorsement (I.E. hazardous materials)

References (list professional references, non-relatives who are familiar with your qualifications, work history and abilities)

Name	Company	Job Title	Years Known	Phone
Name	Company	Job Title	Years Known	Phone
Name	Company	Job Title	Years Known	Phone

Education

School Name	Location (City, State)	Years Completed	Type of Degree/Major	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending
College/Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending
College/Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending

Special Skills, Qualifications & Considerations

i.e. public service, ability to operate office and/or yard equipment, knowledge of building materials, construction techniques, demonstrated leadership, management skills etc.

Describe a specific situation where you have provided excellent customer service in your most recent position.

Employment History

list your last four jobs including any military service. Most recent or present job first.

Are you currently employed? Yes No May we contact your present employer? Yes No

Employer	Start Date	End Date	Supervisor's Name	Supervisor's Title
Phone Number			Your Position	
Duties Performed				
Street Address	City	State	Zip Code	

What did you like most about your job?
What did you like least about your job?
Reason for Leaving

Employer	Start Date	End Date	Supervisor's Name	Supervisor's Title
Phone Number			Your Position	
Duties Performed				
Street Address		City	State	Zip Code
What did you like most about your job?				
What did you like least about your job?				
Reason for Leaving				

Employer	Start Date	End Date	Supervisor's Name	Supervisor's Title
Phone Number			Your Position	
Duties Performed				
Street Address		City	State	Zip Code
What did you like most about your job?				
What did you like least about your job?				
Reason for Leaving				

Employer	Start Date	End Date	Supervisor's Name	Supervisor's Title
Phone Number			Your Position	
Duties Performed				
Street Address		City	State	Zip Code
What did you like most about your job?				
What did you like least about your job?				
Reason for Leaving				

Experience and Qualifications — Driver

(For driver positions ONLY, if you are not applying for a driving position please skip forward to the employment consent form)

Driver Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From - To	Approx. No. of Miles Total
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor- Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor- Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			

List States Operated in for Last Five Years

List Special Courses or Training That Will Help You as a Driver

Which Safe Driving Awards Do You Hold and From Whom?

Experience and Qualifications — Driver (Continued)

Accident Record for Past 3 Years or More

Dates	Nature of Accident (Head-On, Rear-End, Upset, ETC.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 3 Years

(Other Than Parking Violations) If None, Write None

Location	Date	Charge	Penalty

Employment Consent Form: *Read and initial the following statements carefully before signing this document. Only applications that are signed and dated will be considered for employment. If you have any questions regarding these statements, please speak to a Parr Company human resources representative.*

____ I certify that all answers and statements made on this application (and resume or other supplementary materials) are true and complete without omission. I understand that any false or omitted information will be grounds for rejection of my application or immediate termination if discovered after being hired by The Parr Company. I understand, acknowledge and authorize The Parr Company to contact or inquire any of the persons or organizations named in this application, and I authorize these same parties to give complete information and records related to this application or any documents submitted for the hiring process.

____ I also understand that my employment will be subject to the satisfactory results of any pre-employment screening required by The Parr Company, and I hereby consent to any such inquiries, including a criminal background investigation, records maintained by law enforcement agencies and/or an investigation of my credit history.

____ I consent to a pre-employment mandatory drug test to screen for the presence of any substances prohibited under The Parr Company policy. I authorize The Parr Company and its physicians to send collected specimens to a laboratory for the screening process and for the laboratory, or other testing facilities, to release any and all documentation relating to such test to The Parr Company. ***Applicants who test positive for drug screening will not be considered for employment.***

____ I also understand that if a job offer is made, it will be contingent upon a successful passing of a mandatory physical exam and/or a physical capacity test, and I authorize The Parr Company's physicians to release any and all documentation relating to such tests to The Parr Company.

____ I understand that if I am hired for a sales or management position or promoted into such a position in the future, I will be asked to sign a confidentiality and/or non-compete agreement prior to the inception of my employment/new job position.

____ I understand the states of OR and WA are "at will" states that either the employer or the employee can end the relationship with or without notice, at any time, for any reason, or for no reason at all.

____ I agree to follow all of the rules and regulations of The Parr Company as they presently exist, or are later modified. I also understand that if I am hired, no representative of The Parr Company has the authority to alter the terms and conditions of my employment agreement and that it can only be altered by the CEO or CFO of The Parr Company

____ I understand this application is valid for only ninety (90) days from the date of signing. If I want to be considered for job openings that are past the ninety (90) day time frame, I must submit a new application.

By signing below, I certify that the information contained in this application is correct to the best of my knowledge and that I have read, understand and agree to the terms of this employment consent form.

Signature of Applicant _____ **Date** _____

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)**

I authorize The Parr Company® to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process, as well as at any time during the course of employment. No additional notice or authorization shall be needed for future inquiries, or to obtain additional consumer reports.

I understand the use of my date of birth is for identification purposes only. The Parr Company® is an equal opportunity employer. Prospective employees will receive consideration without regard to age, race, color, religion, sex, national language, sexual orientation, disability or veteran status.

This authorization and disclosure is presented pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B) and by applicable state laws.

Name of Authorizing Consumer _____ Date of Birth _____
Please Print

Social Security Number _____ Driver's License (optional) _____
State Issued Number

Authorizing Consumer Signature _____ Date _____