JOB APPLICATION

Heckmann & Thiemann Motors, Inc. 3220 SE 19th Ave, Portland, Oregon 97202 503-233-4809

Heckmann & Thiemann Motors, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address: City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Personal Information		
Have you ever applied to or worked for Heckmann & Thiemann Motors, Inc. before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Heckmann &		
Thiemann Motors, Inc. If yes, state name & relationship:	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		

	Will you consent to a mandatory controlled substance test?							
ob Skills/Qualifications Please list below the skills	and qualifications you possess	s for the position for w	hich you are apply					
accommodation measures essential functions. It is po- medical examination cond	ann Motors, Inc. complies wit that may be necessary for eli- essible that a hire may be teste fucted by a medical profession	gible applicants/emploed on skill/agility and m	yees to perform					
Education and Training High School Name	Location (City, State)	Year Graduated	Degree Earne					
IVAITIC	Location (City, State)	Tear Graduated	Degree Larrie					
College/University								
Name	Location (City, State)	Year Graduated	Degree Earne					
Vocational School/Specia	lized Training	<u></u>						
Name	Location (City, State)	Year Graduated	Degree Earne					
Military: Are you a member of the What branch of the milit								

Reference	Contact Information	
References Please provide 3 personal and profession	al reference(s) below:	
Reason for leaving.		
Dates Employed: Reason for leaving:		
Employer Telephone:		
City, State and Zip Code:		
Employer Address:		
Job Title: Supervisor Name:		
Employer Name:		
Reason for leaving:		
Dates Employed:		
Employer Telephone:		
City, State and Zip Code:		
Employer Address:		
Supervisor Name:		
Reason for leaving: Employer Name: Job Title:		
Dates Employed:		
Employer Telephone:		
Employer Address: City, State and Zip Code:		
Employer Telephone: Dates Employed:		

<u>AT-WILL EMPLOYMENT</u>

The relationship between you and the Heckmann & Thiemann Motors, Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Heckmann & Thiemann Motors, Inc.. No representative of Heckmann & Thiemann Motors, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your

employment	is "at	will,"	and	that	you	acknowledg	e th	at no	oral	or	written	statements	s or
representation	s rega	rding y	your e	emplo	ymer	nt can alter	your	at-will	empl	oym	ent stat	us, except f	or a
written statem	ent sig	gned b	y you	and e	either	our Executi	ve Vi	ce-Pre	sident	c/Ch	ief Opera	ations Office	er or
the Company's	Presid	lent.											
Applicant Sign	nature:								Date	ed: _			