



### Application for Employment

Please fill out and save this application. Once completed please email to [careers@wilvaco.com](mailto:careers@wilvaco.com) or [careers@eclecticproducts.com](mailto:careers@eclecticproducts.com)

Position Applied For			Date of Application		
Last Name		First Name		MI	
Street		City	State	Zip	
Phone Number		Email		Preferred Contact Method	

Have you applied with us before? Yes No Date: \_\_\_\_\_

Have you been employed with us before? Yes No Date: \_\_\_\_\_

Do you have family members working at WVCO/EPI/IMG? Yes No Name(s):

May we contact your previous/present employer? Yes No

Are you authorized to work in the United States? Yes No  
*Proof of citizenship or immigration status will be required upon employment*

Earliest date available to work: \_\_\_\_\_

Work schedule availability:  Full Time or  Part Time (please indicate Morning Afternoon Evening)  
 Temporary (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

#### Education:

Name of School	Years Completed	Diploma/Degree

#### Employment Experience (please list most current job first)

1. Employer		To	From
Title	Phone	Reason for Leaving	
Duties			
2. Employer		To	From
Title	Phone	Reason for Leaving	
Duties			

**Employment Experience, Continued**

3. Employer		To	From
Title	Phone	Reason for Leaving	
Duties			

If you need more space, please continue on a separate piece of paper.

<p>Please list any special training, certifications, skills, and knowledge that could be helpful in obtaining this position. Please also include any memberships and activities in which you participate. (Examples: forklift certification, OSHA trainings, CPA, Rotary, etc)</p>
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**References**

Name	Title	Phone
Name	Title	Phone

I certify that answers given herein are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that any employment relationship with The Willamette Valley Company LLC or its subsidiaries is of an "at will" nature, in that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

I hereby acknowledge and understand that employment is contingent upon the successful completion of the company's total pre-employment screening process. This process includes, but is not limited to, a post-offer pre-employment medical exam and pre-employment drug/alcohol screen. I also agree, if employed, to submit to a medical examination or drug/alcohol screen at any time at the company's request. I hereby consent to having the results of such screenings disclosed to The Willamette Valley Company LLC or its subsidiaries.

I hereby authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date