Pre-Employment Questionnaire Equal Opportunity Employer

Oregon Fuel Injection, Inc.

Personal Informati	on		Date:			
NAME:						
LAST	FIRST			MIDDLE		
PRESENT ADDRESS:		CITY		CTATE	710 0005	
		CITY		STATE	ZIP CODE	
PERMANENT ADDRE	SS:	CITY		STATE	710 0005	
				STATE	ZIP CODE	
PHONE NO.	SECONDARY NO.			REFERRED) BY	
EMAIL						
Employment Desir	ed					
POSITION	DNDATE AVAILABLE			SALARY DESIRED		
	PLOYED ☐ YES ☐ NO D TO THIS COMPANY BEFORE ☐			OF YOUR PRES	SENT EMPLOYER? ☐ YES ☐ NO	
Education History						
_	NAME AND LOCATION OF SCHOOL	YEARS	DID YOU GRADUATE		UBJECTS	
HIGH SCHOOL		ATTENDED	GRADUATE	•	STUDIED	
COLLEGE						
TRADE, BUSINESS OR OTHER						
General Information	n					
SUBJECT OF SPECIA	L STUDY OR RESEARCH WOI	RK <u>:</u>				
SPECIAL TRAINING:						
ACTIVITIES: (CIVIC, A	THLETIC, ETC.)					
U.S. MILITARY SERVI	CE		RANK			

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT)

Pre-Employment Questionnaire Equal Opportunity Employer

Oregon Fuel Injection, Inc.

<u> </u>	 	<i>jootioii, ii</i>	<u></u>		Equal Opp	ortunity Employer			
DATE MONTH AND YEAR	NAME & ADDE	RESS OF EMPLOYER	POSITI	ON	RFA	SON FOR LEAVING			
FROM	NAME & ABBI	CEOO OF EINTEOTER	1 00111		N	BONT OR LEAVING			
TO									
FROM									
TO									
FROM									
ТО									
REFERENCES (GIVE THE	NAMES OF THRI	EE PERSONS NOT REL	ATED TO YOU. WHOM	1 YOU HAVE KNO	WN AT LEAS	T ONE YEAR.)			
NAME	AL	DDRESS	<u>Б</u>	USINESS		YEARS KNOWN			
4									
1									
_									
2									
3									
IN CASE OF EMERG	ENCY, NOTIFY	(
NAME			ADDRESS			PHONE			
NAME			ADDRESS			PHONE			
AUTHORIZATION									
employed, falsified sta employment is for no time without any previ I authorize investigation	atements on this definite period a ous notice. on of all statema	s application shall be and may, regardless ents contained here	e grounds for dismin of the date of payr n and the reference	ssal. Further, I ment of my wag es and employe	understand ges and sala ers listed ab	ary, be terminated at any ove to give you any and			
all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.									
	-		•						
This waiver does not provided the Americans with Disab					n a manner	prohibited by the			
					ity to work i	n the United States and			
to complete the requir	•		•		ity to work ii	Title Officed States and			
DATE:		SIGNATU	RF:						
		0.0							
		DO NOT WRITE	BELOW THIS LII	NE					
DATE		INTEDVIE	WED DV						
DATE		INTERVIE	WEDBY						
	•		·						
LUDED V/V	5-5-		DOOLTICAL	5550	D D A T C	0.41.4.00\/./\/4.4.000			
HIRED Y / N	DEPT		POSITION	KEPOI	RT DATE	SALARY / WAGES			