

**INSTRUCTIONS:** OBEC provides a smoke- and drug-free working environment. We are proud to be an Equal Opportunity/Affirmative Action Employer and will not discriminate or tolerate discrimination against any applicant or employee in any manner prohibited by law. The "Self-Identification" insert is a voluntary request for statistical data for our Affirmative Action Program. Individuals with disabilities may request any accommodation needed to enable them to complete the application, and may request any reasonable accommodation needed during any stage of the selection process.

Please complete each section of the OBEC employment application form. You may attach a resume if you wish, however it may not be used as a substitute for completing any section of the application form. Any applicant who provides information not requested on this form will be automatically rejected.

|                              |  |            |
|------------------------------|--|------------|
| Name (Last, First, Middle)   | Date of Application  |            |
| Address (Street or P.O. Box) | Social Security Number<br><i>Not required until referencing in connection with offer of employment</i> |            |
|                              | Home Phone   | Work Phone |
| City, State, Zip Code        | Email Address  |            |

**POSITION INFORMATION**

Position applying for: \_\_\_\_\_

Salary expectations: (hourly wage or annual salary): \$ \_\_\_\_\_

Employment desired: (check all that apply)     Full Time     Part Time     Temporary     Construction Season

Are you currently employed?     Yes     No                      If yes, may we contact your present employer?     Yes     No

On what date would you be available to work? \_\_\_\_\_

Are you currently on layoff, or furlough status and subject to recall?     Yes     No

Are you legally entitled to work in the United States?     Yes     No    (*Proof of citizenship or immigration status will be required upon employment.*)

If you are under 18 years of age, can you provide required proof of eligibility to work?     Yes     No

Have you sent us a resume or filed an application with us before?     No     Yes (If so, when and for what position?) \_\_\_\_\_

Do you have a valid Driver's License?     Yes     No    If yes, DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue: \_\_\_\_\_

Can you travel, if the job requires it?     Yes     No    Are there any travel restrictions or travel limitations you may have about which we should be aware?     Yes     No    If yes, please describe: \_\_\_\_\_

Please tell us how you heard about this opportunity:

Please tell us why you are seeking employment with OBEC Consulting Engineers:





In the last seven (7) years, have you been convicted of, or plead guilty to, a criminal offense?  Yes  No

(Conviction will NOT necessarily disqualify an applicant from employment.)

If so, please tell us when, the location and court, and the disposition of the case:

**EDUCATION**

|   | HIGH SCHOOL<br>DIPLOMA OR<br>EQUIVALENT  | TECHNICAL OR<br>VOCATIONAL<br>SCHOOL   | UNDERGRADUATE<br>COLLEGE/UNIVERSITY   | GRADUATE<br>SCHOOL   |
|---|--|--|---|--|
| School name and location  |  |  |   |  |
| Years completed (circle)  | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br><input type="checkbox"/> |
| Diploma/Degree (Yes or No; degree earned if applicable, and your course of study (or major) |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Degree: _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Degree: _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Degree: _____                                    |

**PROFESSIONAL LICENSES, REGISTRATIONS & CERTIFICATION**

Please list any professional licenses and/or certification you have obtained:

|  |  |
|--|--|
|  |  |
|  |  |

**COMPUTER SKILLS**

| Please indicate which software you use and your skill level. Indicate N/A if appropriate. | HIGHLY<br>PROFICIENT | PROFICIENT | SOMEWHAT<br>PROFICIENT | NO SKILLS |
|---|----------------------|------------|------------------------|-----------|
| <i>Microsoft Office</i>   |                      |            |                        |           |
| Word  |                      |            |                        |           |
| Excel   |                      |            |                        |           |
| MS Project  |                      |            |                        |           |
| Other (specify)   |                      |            |                        |           |
| <i>Transportation Design Software (please also specify which Release you are using)</i>   |                      |            |                        |           |
| Microstation  |                      |            |                        |           |
| AutoCAD   |                      |            |                        |           |
| InRoads   |                      |            |                        |           |
| Other (specify)   |                      |            |                        |           |
| <i>Survey (please also specify which Release you are using)</i>                           |                      |            |                        |           |
| Trimble Geomatics Office  |                      |            |                        |           |
| Trimble Survey Controller   |                      |            |                        |           |
| InRoads Survey  |                      |            |                        |           |
| <i>Please tell us about any other computer software you use and your skill level</i>      |                      |            |                        |           |
|   |                      |            |                        |           |



## EMPLOYMENT HISTORY

Please complete the following sections requesting employment information, starting with your **most** recent employer. You may attach a resume however it may not be used as a substitute for completing the required information. Attach additional sheets if needed.

|                               |   |
|-------------------------------|---|
| Company name                  | Telephone   |
| Address                       | Employed (month and year)                         |
|                               | From: _____ to: _____                             |
| Name of supervisor or manager | Monthly salary/hourly rate<br>_____ end: \$ _____ |
| Job title and duties          |   |
| Reason for leaving            |   |

|                               |   |
|-------------------------------|---|
| Company name                  | Telephone   |
| Address                       | Employed (month and year)                         |
|                               | From: _____ to: _____                             |
| Name of supervisor or manager | Monthly salary/hourly rate<br>_____ end: \$ _____ |
| Job title and duties          |   |
| Reason for leaving            |   |

|                               |   |
|-------------------------------|---|
| Company name                  | Telephone   |
| Address                       | Employed (month and year)                         |
|                               | From: _____ to: _____                             |
| Name of supervisor or manager | Monthly salary/hourly rate<br>_____ end: \$ _____ |
| Job title and duties          |   |
| Reason for leaving            |   |

|                               |   |
|-------------------------------|---|
| Company name                  | Telephone   |
| Address                       | Employed (month and year)                         |
|                               | From: _____ to: _____                             |
| Name of supervisor or manager | Monthly salary/hourly rate<br>_____ end: \$ _____ |
| Job title and duties          |   |
| Reason for leaving            |   |



## MILITARY SERVICE

Have you ever served in the United States Military?

Yes  No

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

If yes, what type of education, training, and/or work experience did you receive while in the U.S. military:

## REFERENCES

Please provide the name, address, and phone number of three people with whom you have worked, who are not related to you, and whom we can contact now.

|                             |          |        |
|-----------------------------|----------|--------|
| Name: (Last, First, Middle) | Address: | Phone: |
| Name: (Last, First, Middle) | Address: | Phone: |
| Name: (Last, First, Middle) | Address: | Phone: |

## IMPORTANT INFORMATION TO OBEC'S APPLICANTS

OBEC Consulting Engineers is an Equal Opportunity Employer and does not discriminate in hiring or employment in accordance with the requirements of all applicable local, state and federal laws, on the basis of age, race, color, marital status, sex, sexual orientation, religion, national origin, veteran status, or the presence of any disability unrelated to job requirements.

**Individuals with disabilities:** You are not required to disclose information about physical, sensory or mental disabilities. However, if you wish the Firm to consider arranging reasonable accommodations due to a physical, sensory or mental disability, you may suggest the kind of accommodation you believe would be appropriate for consideration.

**Legal Right to Work:** Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce, within 72 hours, documents which are specified by the Federal Government to establish your identity and authorization for employment in the United States.

**OBEC is a Drug-free Workplace:** The use, possession, or being under the influence of illegal drugs or alcohol while on company time is prohibited. In addition, being under the influence of legally prescribed medication that causes either physical or mental impairment of judgment or work performance while on company time is also prohibited. Applicants and employees may be required to submit to drug and alcohol tests under the Firm's policies.

### APPLICANT CERTIFICATION & RELEASE

I certify that all information supplied in this application, and any attached resume or supporting documents, are true and correct to the best of my knowledge. I understand and agree that all documents, records and other information furnished to the Firm are confidential. I understand that any failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to OBEC's refusal to hire me or to termination of employment. I understand that OBEC is an **"at will"** employer, and offers no employment contracts or guarantees of minimum length of employment and that my employment and compensation can be terminated, with or without cause, and with and without notice, at any time, at the option of either OBEC or myself. I understand that no representative of the Firm or employee has the authority to make any agreement contrary to the foregoing, except the President in writing.

I authorize OBEC to make confidential inquiry into my suitability for positions for which I may be considered and to investigate statements contained in this application for employment as may be necessary to determine my employment qualifications. I authorize any person, firm, company, governmental agency, and/or school having control of documents or records, and other information pertaining to me to release, on a confidential basis, the information requested by OBEC or its representatives.

Signature \_\_\_\_\_

Date: \_\_\_\_\_





## CONFIDENTIALITY AND REFERENCE CHECKING AGREEMENT

During the course of your interviews with OBEC Consulting Engineers, we may choose to share confidential information with you, will need to check your references, and perform comprehensive background checks for any individual coming into a position of fiduciary responsibility. This Agreement governs your responsibilities with regard to such confidential information and gives us permission to check your references.

1. Confidential Information. "Confidential Information" means any non-public information disclosed to you by OBEC Consulting Engineers during the course of your interviews.
2. Confidentiality Obligations. You agree that for a period of three (3) years from your receipt of Confidential Information, you will not disclose the Confidential Information to any third party or use it for any reason other than to evaluate a potential employment opportunity with OBEC Consulting Engineers. You agree to use the highest degree of care that you would use to protect your own confidential information, which shall be no less than reasonable care, to protect OBEC Consulting Engineers' Confidential Information. All Confidential Information is and shall remain the property of OBEC Consulting Engineers, and you agree to return all originals, copies, reproductions and summaries of Confidential Information which may be provided to you during the recruiting process, upon termination of your interviews. You agree to notify OBEC Consulting Engineers immediately upon discovery of any unauthorized disclosure of Confidential Information and will use your best efforts to help OBEC Consulting Engineers regain possession of the Confidential Information or prevent its unauthorized use.
3. Reference Checking. You hereby give OBEC Consulting Engineers permission to verify your education and employment history, and to perform background checks that may be necessary for the position for which you are interviewing. Furthermore, you agree to release from liability all persons or entities supplying or collecting such information. Any offer of employment from OBEC Consulting Engineers is contingent upon the successful completion of reference and background checks and contingent upon you providing appropriate documents to establish your identity and employment authorization as required by Immigration Reform Act of 1986, or other regulations pertinent to our employment process.
4. Entire Agreement. This Confidentiality and Reference Checking Agreement constitutes the entire agreement between you and OBEC Consulting Engineers with respect to this subject matter. The laws of the State of Oregon govern this Agreement and any suit brought under this agreement shall be brought exclusively in the courts of Lane County, Oregon. If any provision of this Agreement is held to be unenforceable, the remaining provisions will remain in full force and effect.

|                                    |  |
|------------------------------------|--|
| Signature:                         |  |
| Print Name:                        |  |
| Last 4 digits - SSN:               |  |
| OBEC Consulting Engineers Contact: |  |
| Date:                              |  |



OBEC Consulting Engineers is an equal opportunity employer committed to providing equal employment opportunity to our employees and applicants. We compile statistical data on sex, minority, disability, age, and veteran status of job applicants to comply with various government policies and regulations.

If you are a member of any of the following groups, please fill out the following self-identification section. All information is confidential and this form will remain separate from employment application records and is used for statistical purposes only. If you do not choose to voluntarily self-identify yourself or if you indicate a clearly inappropriate identification, identification will be made by visual or other factors and will in no way jeopardize you as a prospective applicant or employee. Identification descriptions, if needed, are found on this form.

### STATISTICAL INFORMATION

Sex: Female  Male

Location where application was submitted: \_\_\_\_\_ Date: \_\_\_\_\_

### ETHNIC CLASSIFICATION

- African-American / Black** (not of Hispanic origin): Persons having origins in any of the Black racial groups.
- Native American / Alaska Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian:** All persons having origins in any of the Far East, Southeast Asia, the Indian Subcontinent. This area includes, for example, China, Japan, and Korea. The Indian Subcontinent includes the countries of Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkin and Sri Lanka.
- Native Hawaiian / other Pacific Islander:** All persons having origins in the Hawaiian or other Pacific Islands. This area includes, for example, the Philippine Islands, Guam, and Samoa.
- Caucasian / White** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, and the Middle East.
- Hispanic / Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Two or more races** (check those that apply)

### DISABILITY DESIGNATION

OBEC strives to reasonably accommodate the particular needs and limitations of individuals with disabilities (employee or applicant) if, with or without an accommodation, they are qualified to perform the essential functions of their job classification. An individual with a disability is a person with either a physical, sensory or mental impairment that substantially limits one or more major life activities as defined by the Americans With Disabilities Act.

Physical Disability: Yes  No

Mental Disability: Yes  No

Sensory Disability: Yes  No



OBEC Consulting Engineers 920 Country Club Road, Suite 100B, Eugene, Oregon 97401

Phone: (541) 683-6090 Fax: (541) 683-6576

OBEC Consulting Engineers is a government contractor subject to the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment QUALIFIED INDIVIDUALS WITH DISABILITIES. If you have such a disability and would like to be considered under the affirmative action program, please let us know. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that:

- (a) managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations;
- (b) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and
- (c) government officials investigating compliance with the Act shall be informed.

If you are disabled, we would like to include you under the affirmative action program. It would assist us if you tell us about:

- (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you may be considered for any positions of that kind
- (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations

#### VETERAN STATUS

OBEC Consulting Engineers is a government contractor subject to the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment DISABLED VETERANS AND VIETNAM ERA VETERANS. If you have such a disability and would like to be considered under the affirmative action program, please let us know. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that:

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- (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations  
Use the following definitions to identify yourself as a Vietnam Veteran, and to identify yourself as a Disabled Vet.



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Vietnam era Veteran:      Yes       No

- If you:    (a) served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964, to May 7, 1975, and were discharged or released from duty with other than a dishonorable discharge; OR
- (b) were discharged or released from active duty for a service-connected disability and any part of that active duty was performed during August 6, 1964, to May 7, 1975.

Disabled Veteran:      Yes       No

- If you:    (a) are entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more; OR
- (b) if you were released or discharged from active duty for a disability incurred or aggravated in the line of duty.

Other Veteran:      Yes       No

Branch of Service: \_\_\_\_\_

Dates Served:      From: \_\_\_\_\_      To: \_\_\_\_\_



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