



**MKTX, Inc.**  
**Employment Application Form**  
*An Equal Opportunity and Affirmative Action Employer*

Updated September 2004

## GENERAL INSTRUCTIONS

Your application materials (including any required test answers, college transcripts, etc.) must be received by MKTX, Inc. for the application to be deemed complete in order to be considered for any position by the closing date posted.

1. **A recruitment announcement from may be found at one of the following:**
  - a. the SAO OregonWorks Job Center Page at: <http://www.oregonworks.org/jobs-interns.asp?page=welcome&go=searchjobs>
  - b. local Oregon Employment Department field offices,
  - c. posted on web-site of Monstor.com, [http://jobsearch.monster.com/interstitial\\_js.asp](http://jobsearch.monster.com/interstitial_js.asp) or
  - d. listed in the Oregonian Employment Classifieds.
2. **Complete a separate application for each job** you apply for unless the announcement gives different instructions. No photocopies are acceptable.
3. **Signature:**  
**Submit a hard copy of your application**, type or print clearly in dark ink and **sign your application in ink.**
4. **Submit only the application materials requested** on the recruitment announcement. **Do not include** work examples, unless they are requested with your application materials.
5. **Need to list more than 10 jobs in Job History?**  
Copy a "Work History" page and number added jobs 11, 12, etc.
6. **Incomplete or illegible applications** (including faxed applications) will not be accepted. MKTC, Inc. is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.
7. **Please provide your SOCIAL SECURITY NUMBER.** MKTX, Inc. will use it for recruitment identification and tracking as authorized by OAR 105-040-0001. If you are hired, your social security number will be used for employee records, payroll, and insurance purposes pursuant to OAR 105-040-0001(1)(b)(A).  
Providing your social security number is voluntary. If you fail to do so, we will assign an identification number to process your application. You will be required to provide the number if you request an update of your application records.

**Please keep a copy of your application materials.**

**Copies will not be provided.**

## WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications listed in the "To Qualify" section of the recruitment announcement. Starting with your **current or most recent job**, list all your jobs (paid or volunteer) for the last ten years. You may wish to include qualifying experience gained more than 10 years ago, if it helps you qualify for the job.

1. If you held more than one position within the same company, **list each position as a separate job** in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position.
2. Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualifications for the job, your application may not be accepted.
3. Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.
4. If your hours vary, indicate the average number of hours worked per week. Do not give a range of time such as "20-30 hours" or "varies." No credit will be given for jobs when hours worked are not specific.
5. If qualifying duties were not the main focus of the job, **provide the percentage of time** you spent doing the duties that qualify you for the recruitment. (See the "To Qualify" section of the recruitment announcement)

**Examples:** Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.

### **A RESUME WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.**

**Complete each box** - If you do not provide all the information in the "Work History" section, no credit will be given for that job.

**RECRUITMENT TRACKING INFORMATION**  
**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Job applied for:** \_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU LEARN ABOUT THIS POSITION?**

- Newspaper (List Publication)     Employment Office     SAO OregonWorks Job Center Page  
\_\_\_\_\_  
 Other web site (List web site) \_\_\_\_\_  
 Employee Referral     Friend     Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTARY INFORMATION**

The information you provide below is voluntary.

**Affirmative Action**

The MKTX, Inc. has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

**Ethnic Background (check only one)**

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Gender:**     MALE     FEMALE

**Disabled:**     YES     NO

(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

**ATTENTION**

**Attach this page to your application materials,  
even if you do not provide the voluntary information.**

# MKTX, Inc. EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

**TYPE or PRINT in INK** Please complete the application by typing or clearly printing in dark ink. Submit a separate application for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted

<b>JOB APPLIED FOR</b> (Listed on the recruitment announcement):	<b>SOCIAL SECURITY NUMBER:</b> - -
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DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:		
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## NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):			HOME TELEPHONE (include area code):		
MAILING ADDRESS:			WORK TELEPHONE (Provide only one including area code):		
CITY	STATE	ZIP CODE:	OTHER (include area code):		
EMAIL ADDRESS:			<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE		

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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## WORK SCHEDULE AVAILABILITY

Check Only One: <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)	Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> ANY (B)	Date You Can Report For Work:
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**Are you also willing to work for MKTX, Inc. in a temporary position? (Check one)**     YES     NO

## MKTX, Inc. OFFICE USE ONLY

SKILL:	DATE STAMP	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED _____ (Reason) REVIEWER'S INITIALS / DATE:
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	1	2	3	4	5

**EDUCATION / TRAINING HISTORY**

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one)  YES  NO

Name and Location Of School, College, or University		Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
<b>A</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>B</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>C</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

**LICENSE / REGISTRATION / CERTIFICATE**

List any professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

**SPECIALIZED SKILLS AND KNOWLEDGE**

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

**WORK HISTORY****JOB NUMBER 1 (current or most recent position)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CONTINUE WORK HISTORY ON NEXT PAGE

PAGE 2

**WORK HISTORY**

<b>JOB NUMBER 2</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

<b>JOB NUMBER 3</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

**CONTINUE WORK HISTORY ON NEXT PAGE**

**WORK HISTORY**

**JOB NUMBER 4**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

**JOB NUMBER 5**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

**CONTINUE WORK HISTORY ON NEXT PAGE**

## WORK HISTORY

### JOB NUMBER 6

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

### JOB NUMBER 7

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

**CONTINUE WORK HISTORY ON NEXT PAGE**

## WORK HISTORY

### JOB NUMBER 8

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

### JOB NUMBER 9

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

  
  
  
  
  
  
  
  
  
  

Reason for leaving this position:

CONTINUE WORK HISTORY ON NEXT PAGE

