



Date: _____

BARRETO MANUFACTURING, INC.

Innovative Equipment Engineered To Last

66498 Oregon Hwy. 203 ~ La Grande, OR 97850

(541) 963-7348 / (800) 525-7348 / FAX (541) 963-6755

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applications may request accommodations needed to participate in the application process.

Personal

Name:	_____	_____	_____	Over 18?	_____
	First	M.I.	Last		
	Social Security No: _____				
Address:	_____	_____	_____	_____	_____
	No.	Street	City	/ State / Zip	
How Long At This Address?	_____	Years	Home Phone	_____	
			Cell Phone	_____	
Prior Address:	_____	_____	_____	_____	_____
	No.	Street	City	/ State / Zip	
How Long At This Address?	_____	Years	Email:	_____	

Previous Employment Record

Employer:	_____				
Address:	_____	_____	_____	_____	_____
	No.	Street	City	/ State / Zip	
Position Held:	_____				
			From	/ To	
Reason for Leaving:			Supervisor Name:	Phone:	
Employer:	_____				
Address:	_____	_____	_____	_____	_____
	No.	Street	City	/ State / Zip	
Position Held:	_____				
			From	/ To	
Reason for Leaving:			Supervisor Name:	Phone:	
Employer:	_____				
Address:	_____	_____	_____	_____	_____
	No.	Street	City	/ State / Zip	
Position Held:	_____				
			From	/ To	
Reason for Leaving:			Supervisor Name:	Phone:	



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EDUCATION	Name and Location of School:	Circle Last Year Completed	Did you Graduate?	Subjects Studied Degrees Received
Grammar School:				
High School:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
College:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Trade School:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

*****I AM APPLYING FOR (check all that apply)*****

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Welder | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Saw Operator | <input type="checkbox"/> Powder Coat |
| <input type="checkbox"/> CNC Department | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Office | <input type="checkbox"/> Any Position |

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Barreto Manufacturing, Inc.

I understand that any employment is conditioned on a background check. I authorize Barreto Manufacturing, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Barreto Manufacturing, without giving me prior notice of such disclosure. In addition, I release Barreto Manufacturing, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without any fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either my self or Barreto Manufacturing. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Barreto Manufacturing unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination, drug test, or alcohol test at any time deemed appropriate by Barreto Manufacturing and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Barreto Manufacturing the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by Barreto Manufacturing's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Barreto Manufacturing to hire. If hired, I agree to abide by all company work rules, policies and procedures. Barreto Manufacturing retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicant Signature

Date

ALL APPLICANTS WILL BE DRUG TESTED BEFORE HIRING. ALCOHOL TESTING WILL APPLY FOR DRIVERS.

*****EMPLOYER USE ONLY*****

NOTES:

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME

