

# EMPLOYMENT APPLICATION

**APPLICANT INSTRUCTIONS:** If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

**EMERALD VALLEY THINNING INC.**

PO Box 700

Philomath OR 97370

Fax # (541) 929-6780

1. Please Read "APPLICANT NOTE."
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comment section on the back.
4. Print clearly, incomplete or illegible applications will not be processed.
5. Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE.

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973.

The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

6. Do not fill out any other attached forms until instructed.

**DATE:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST, FIRST, M.I.

**CURRENT ADDRESS:** \_\_\_\_\_  
STREET, CITY, STATE, ZIP

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If hired, your employment will be at-will, meaning you or the employer can terminate the employment relationship at any time for any valid reason. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or known disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing for job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you will be (may be) required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company.

**AVAILABILITY:**

**FOR WHICH POSITION ARE YOU APPLYING?** \_\_\_\_\_

**ON WHAT DATE CAN YOU START?** \_\_\_\_\_

**WHAT CATEGORY WOULD YOU PREFER?**

Full Time       Part Time       Temporary       Labor Pool

**FOR WHICH SCHEDULES ARE YOU AVAILABLE?**

Weekdays       Weekends       Evenings       Nights       Overtime       Shift       Other

AGE: Are you 18 years or older?  Yes  No

(Eighteen is the minimum age for working around equipment and machinery in the woods)

EDUCATION: Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME

CITY/STATE

HIGH SCHOOL: \_\_\_\_\_

COLLEGE/TRADE SCHOOL: \_\_\_\_\_

OTHER: \_\_\_\_\_

**JOB-RELATED SKILLS:**

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which your are fluent: \_\_\_\_\_

If the job requires, do you have the appropriate valid drivers license? Yes No

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you had any moving violations? Yes No

Please describe \_\_\_\_\_

List any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: \_\_\_\_\_

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand the job description and/or job requirements? Yes No

Are you able to perform the essential physical and mental functions of this job as it is written and described (*with or without accommodations provided by the employer*)? Yes No

If you are unable to preform the essential functions of the position, please describe how you plan to carry out these functions and what accommodation, if any, is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT REFERENCES:**

Your application will not be considered unless every question in this section is answered, since we will make every effort to contact previous employers regarding work performance. Correct telephone numbers of past employers are critical.

**MOST RECENT EMPLOYER**

Yes	No	Are you currently working for this employer?
Yes	No	If yes, may we contact?

COMPANY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: TO: \_\_\_\_\_ FROM: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

COMPANY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: TO: \_\_\_\_\_ FROM: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

COMPANY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: TO: \_\_\_\_\_ FROM: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES:** Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at anytime during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any factual, accurate and truthful information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and agree to the terms and conditions of the company Drug and Alcohol policy. I also, agree to conform to all existing and future company policies and rules and I understand that such policies and rules maybe changed, interpreted, withdrawn and added to, as the company deems appropriate. I also understand that the company reserves the right to change wages, hours and working conditions as deemed necessary.

I understand that in order for this company to comply with federal immigration laws, if employed by this company, on my first day of employment I will be required to furnish proof of U.S. citizenship or proof that I am authorized to work legally in the United States.

If company policy requires, I hereby consent to drug and alcohol testing to detect the use of illegal drugs and/or alcohol prior to and during employment.

I further understand that if hired, my employment with the company is at-will meaning that the company or I can terminate the employment relationship at any time for any valid reason with or without cause and with or without notice.

If a company policy requires, I hereby consent to a post-offer employment examination performed by a physician of the company's choosing.

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Signature

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Date