



LICENSE - 106944
 BONDED
 INSURED

COMPLETE FOREST MANAGEMENT • LOGGING SERVICES
 REFORESTATION • SELECTIVE THINNING • LAND CLEARING

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Application for Employment

Pre-employment Questionnaire Equal Opportunity Employer

Personal Information

| | | | |
|---------------------------|-------|--------------|----------|
| Name (Last name first) | | Date | |
| Present Address | City | State | Zip Code |
| Email Address | | | |
| Phone Number Home | Cell | Referred by | |
| Emergency Contact Name | Phone | Relationship | |

Employment Desired

| | | |
|---|---|-----------------|
| Position | Date you can start | Salary required |
| Are you currently employed | May we inquire from your present employer | |
| Have you applied to this company before | Have you worked for this company before | |

Education History

| Name and Location of last grade completed | Year attended | Did you graduate | Subjects |
|---|---------------|------------------|----------|
| High School | | | |
| College | | | |
| Trade/Business school | | | |

General Information

| |
|---|
| Special interests or skills (tell us about you) |
| |
| |

Former Employers (list below last 4 employers, starting with last one first)

| Month & Year | Name and Address | Salary | Position | Reason Left |
|--------------|------------------|--------|----------|-------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

Personal references give below the names of three persons not related to you, whom you have known at least one

| Name | Phone/Address | Business | Years |
|------|---------------|----------|-------|
| | | | |
| | | | |
| | | | |

| | | |
|--------------------------------------|-----|----|
| Do you have a valid drivers license? | YES | NO |
|--------------------------------------|-----|----|

Authorization

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above 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.

I understand that as a condition of employment, I will be required to pass a pre-employment drug screen. I will also be subject to random drug and alcohol screening.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the fore going, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. "

Date _____

Signature _____