



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
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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 foregoing, 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 _____