

Job Application



West Coast Forestry, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Name:	First	Middle	Last
Social Security Number:			Date of Birth: MM/DD/YYYY
Home Address:	Address	City	State Zip Code
Mailing Address:	Address	City	State Zip Code
Email:	Phone:		
Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entitled to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which branch?	
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which branch?	
Convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	

Position Available

What position are you applying for?			
How did you learn of the position available?			
Employment Type Desired	Hourly Rate Desired	Salary Desired	Available Start Date
Full Time/ Part Time/ Temp			

Education

School Name	Location	Years Attended	Major/Degree
Other/ Applicable Training			
Applicable Skills/ Proficiencies			

References

Name	Company	Title/Relationship	Phone

Employment History

Company Name	Position Held	Start Date	End Date

Mailing Address

Address	City	State	Zip Code
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Supervisor Name	Phone	Email Address
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Starting Rate of Pay	Ending Rate of Pay	May We Contact?	Reason For Leaving
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Company Name	Position Held	Start Date	End Date
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Mailing Address

Address	City	State	Zip Code
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Supervisor Name	Phone	Email Address
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Starting Rate of Pay	Ending Rate of Pay	May We Contact?	Reason For Leaving
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Company Name	Position Held	Start Date	End Date
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Mailing Address

Address	City	State	Zip Code
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Supervisor Name	Phone	Email Address
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Starting Rate of Pay	Ending Rate of Pay	May We Contact?	Reason For Leaving
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize West Coast Forestry, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Vice President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of West Coast Forestry, Inc., except in a specific written contract of employment signed on behalf of the organization by its Vice President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicants Name: _____ **Date:** _____

Applicants Signature: _____