



STEELE GROUP INSURANCE AGENCY

Disclosure of and Authorization for background investigation

Steele Group Insurance Agency, Inc. may obtain motor vehicle records about you for employment and insurance purposes. Steele Group Insurance Agency, Inc. will rely on the results of this check as a factor in determining the insurability of you as an operator on your employer's automobile insurance policy.

Name of employer/prospective employer Stapleton Timber & Excavation, Inc.

Name _____				
Last	First	MI	Maiden	
Address _____				
City & State _____		County _____	Zip _____	
Social Security # _____				
Driver's License # & State _____				
Date of Birth _____				
*Date of birth is requested only to accurately retrieve records.				

Please read the following:

I authorize Steele Group Insurance Agency, Inc. to conduct a motor vehicle check or hire services to conduct a motor vehicle check. I authorize any parties contacted to release information to Steele Group Insurance Agency, Inc., its insurance companies and to the employer named above.

I waive all provisions of law prohibiting the disclosure of information.

I understand that Steele Group Insurance Agency, Inc. and its agents cannot guarantee the accuracy of any information reported to it by third parties and release the Steele Group Insurance Agency, Inc. its agents and the employer named above from liability for damages that arise from errors or omissions in my motor vehicle record check.

Name _____ Date _____

Signature _____

STAPLETON TIMBER & EXCAVATION, INC.

3505 Commercial Ave.
Springfield OR 97478-5623

(541) 461-1965 Office
(541) 461-0729 Fax

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL

NAME _____

ADDRESS _____

TELEPHONE (_____) _____ CELL PHONE (_____) _____

DATE AVAILABLE FOR EMPLOYMENT _____

Have you ever been employed by this Company? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

If yes, give name _____

Are you prevented from lawfully working in the USA due to Visa or Immigration Status _____ No

Type of work desired: _____

Wages desired: _____

Do you have a valid driver's license in this state? _____ Yes _____ No

License No. _____ CDL? _____ Yes _____ No

Can you perform the essential functions of the job(s) for which you are applying?
_____ Yes _____ No

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION (Please list schools attended)

ELEMENTARY _____ YEARS COMPLETED 4 5 6 7 8

HIGH _____ YEARS COMPLETED 9 10 11 12

COLLEGE _____ YEARS COMPLETED 1 2 3 4

GRADUATE _____ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY _____

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, **equipment operated**, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

List (3) three non-relatives who are familiar with your qualifications and actual work history and ability.

	Name	Occupation/Relationship	Years Known	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your **present or last job**. List your last 10 years work experience. Do not omit any job.

1 _____ From _____ To _____
Employer

Full Address _____
Supervisor's Name

Telephone No. _____
Your Job Position

Fax # (must have for drivers)

Your Salary (hourly) Starting/Ending _____
Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

2 _____

Employer

From _____ To _____

Full Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

3 _____

Employer

From _____ To _____

Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

4 _____

Employer

From _____ To _____

Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

5 _____

Employer

From _____ To _____

Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

6 _____

Employer

From _____ To _____

Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

7 _____

Employer

From _____ To _____

Address

Supervisor's Name

Telephone No.

Your Job Position

Your Salary (hourly) Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving

STAPLETON TIMBER & EXCAVATION, INC.

Please read the following statements carefully before signing this application.

Only those applications that are signed and dated are considered valid.

If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES

NO

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the Owner.

YES

NO

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in current individual written agreement signed by the Owner.

YES

NO

I have read, understood and agreed with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

STAPLETON TIMBER & EXCAVATION, INC.

Applicant's Authorization for Release of Information

I hereby authorize my past employers to release information to **STAPLETON TIMBER & EXCAVATION, INC.** regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment
2. Position(s) held
3. The quality and quantity of my work
4. My attendance habits (excluding workers' compensation, pregnancy, disability and protected absences)
5. My relationship with co-workers and supervisors
6. My attitude toward work (Cooperative? Positive?, etc.)
7. Reason for leaving and eligibility for rehire
8. Strong and weak points
9. Whether I have had outburst of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others
10. Other relevant information regarding my performance, skills, ability, and suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization for Release of Information, my application will be rejected.

Print Name

Signature

Date

STAPLETON TIMBER & EXCAVATION, INC.

Pre-Employment Drug Screen Consent and Release

If selected for employment, I understand that a pre-employment Drug Screen will be administered. I further understand that if I test positive for the presence of one or more controlled substances, I will receive no further consideration for employment at this time.

I also understand that a refusal to submit to a Drug Screen, or failure to cooperate and participate fully in the specimen collection process, will constitute voluntary withdrawal of my application for employment.

I fully understand that any employment with **STAPLETON TIMBER & EXCAVATION, INC.** is conditional upon a negative Drug Screen.

I also understand this if the Drug test result is positive, I will be ineligible to submit another application for **STAPLETON TIMBER & EXCAVATION, INC.** for a period of six (6) months.

I hereby consent to submit to a Drug Screening Test.

I hereby authorize the release of the Drug Test results to **STAPLETON TIMBER & EXCAVATION, INC.'s Management.**

Signature _____

Print Name _____

Date _____

Witness's Signature _____

Print Name & Title _____

Date _____

STAPLETON TIMBER & EXCAVATION, INC.

AFFIDAVIT

I understand that any employment offered by **STAPLETON TIMBER & EXCAVATION, INC.** is of an “at will” nature, meaning that I may quit at any time, and the company may discharge me at any time, with or without cause.

If hired, I am required to abide by all rules and regulations of this company and I will be on a sixty (60) day trial period.

I certify that the answers given on this application are complete and true to the best of my knowledge.

I understand that falsification, misrepresentation, or omission of facts in this application or any required document as well as misleading statements, will be cause for denial of employment or immediate termination regardless of how discovered.

Signature

Printed Name

Date