

STAPLETON TIMBER & EXCAVATION, INC.

Stapleton Logging, LLC.

3505 Commercial Ave., Springfield OR, 97478

(541) 461-1965

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.

APPLICATION FOR EMPLOYMENT

CDL DRIVER'S ONLY

| | |
|-------------------------------------|---------------------|
| <u>APPLICANT INFORMATION</u> | |
| APPLICANT NAME | |
| ADDRESS | |
| CITY, STATE AND ZIP CODE | |
| PHONE NUMBER () | |
| EMAIL | DATE OF APPLICATION |
| 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? If yes, supervisor name _____ | _____ Yes _____ No |
| Are you prevented from lawfully working in the USA due to Visa or Immigration Status _____ Yes _____ 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 |

| | |
|--------------------------------------------------------|-----------------|
| <u>EDUCATION</u> (Please list schools attended) | |
| HIGH | YEARS COMPLETED |
| COLLEGE and/or GRADUATE | YEARS COMPLETED |
| SPECIALIZED TRAINING | YEARS COMPLETED |
| COURSE OF STUDY | |

| Previous addresses (Last 3 years, attach sheet if needed): | | | |
|-------------------------------------------------------------------|------|--------------------|-----------|
| Street | City | State and Zip code | How Long? |
| | | | |
| | | | |
| | | | |

| Driver Licenses (Last 3 years) | | | | |
|---------------------------------------|----------------|-----------|-------|-----------------|
| State | License Number | CDL (Y/N) | Class | Expiration Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Accidents (Last 3 years, attach sheet if needed) | | | | |
|---------------------------------------------------------|-------|---------------------------------|------------|----------|
| Date | State | Nature (Head-on, Rear-end, etc) | Fatalities | Injuries |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 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 | | | |

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

| <u>Driving Experience</u> | | | |
|-------------------------------------|------------------------------------------|--------------|-----------|
| Equipment | | Dates | |
| Class (Trucks, Tractor, etc) | Type (Dump, Log, Flat, Tank, etc) | From | To |
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT EXPERIENCE:

*Start with your **present or last job**. **List your last 10 years' work experience**. Do not omit any job. (Attache sheet if needed)*

| EMPLOYMENT # 1 |
|------------------------------------------------------------------------------|
| 3. Employer: From To |
| 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 |

| | | |
|------------------------------------------------|-------------|-----------|
| EMPLOYMENT # 2 | | |
| 3. Employer: | From | To |
| 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 | | |

| | | |
|------------------------------------------------|-------------|-----------|
| EMPLOYMENT # 3 | | |
| 3. Employer: | From | To |
| 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 | | |

STAPLETON TIMBER & EXCAVATION, INC.
STAPLETON LOGGING LLC.

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.
STAPLETON LOGGING LLC.**

Applicant's Authorization for Release of Information

I hereby authorize my past employers to release information to **STAPLETON TIMBER & EXCAVATION, INC. AND/OR STAPLETON LOGGING LLC.** 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

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (_____), hereby provide consent to Stapleton Timber &

Driver Name

Excavation to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Stapleton Timber & Excavation indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Stapleton Timber & Excavation without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Stapleton Timber & Excavation to conduct a limited query of the Clearinghouse, Stapleton Timber & Excavation must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

CDL Number, State Issued

Date of Birth

Employee Signature

Date

***Clearinghouse is a Federal Government mandated program.**

**STAPLETON TIMBER & EXCAVATION, INC.
STAPLETON LOGGING LLC.**

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. AND/OR STAPLETON LOGGING LLC.** 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. AND/OR STAPLETON LOGGING LLC.** or 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 AND/OR STAPLETON LOGGING LLC. Management.**

Signature_____

Print Name_____

Date_____

Witness's Signature_____

Print Name & Title_____

Date_____

**STAPLETON TIMBER & EXCAVATION, INC.
STAPLETON LOGGING LLC.**

AFFIDAVIT

I understand that any employment offered by **STAPLETON TIMBER & EXCAVATION, INC. and/or Stapleton Logging LLC** 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