



2795 Mosby Creek Road
P.O. Box 547
Cottage Grove, OR 97424
(541) 942-0168
FAX: (541) 942-8346

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

We hire and promote without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicap unrelated to job performance.

Date _____ Phone No. _____

PERSONAL DATA

Name (First, Middle, Last) _____

Address (Street address or Post Office Box Number, City, State, Zip Code) _____

Social Security No. _____ Date of Birth _____

Are you at least 18 years of age? Yes No Date available to start work _____

Are you a veteran of US military services? Yes No

If "Yes", indicate the following: Branch, occupational specialty, dates of service, type of discharge.

JOB INTEREST

In what kind of work are you interested? _____

Referred by: _____

Are you willing to work shift work? Yes No Shift preference Days Swing Graveyard
Are you willing to work rotating shifts? Yes No Any shift you are *not* willing to work? Yes No
Are you willing to work weekends? Yes No If "Yes", which shift? _____

EDUCATIONAL BACKGROUND AND TRAINING

Education: School Name/Location: Course of Study: No. Years Completed:

High School: _____

Trade School: _____

College: _____

Other: _____

Other special training/qualification (if any): _____

List any currently valid motor vehicle or equipment operator licenses or trade or craft certifications you hold: _____

EXPERIENCE BACKGROUND

1. Present or Last Employment.

Name of Present or Last Employer: _____ Type of Business: _____

Starting Date (m/d/y): _____ Leaving Date (m/d/y): _____

Reason for Leaving: _____

Job Title (Present or Last): _____ Name of Supervisor: _____

City, State, Phone #: _____ Description of Work and Responsibilities: _____

Equipment, Machinery or Vehicles You Operated: _____

2. Previous Employment.

Name of Next Previous Employer: _____ Type of Business: _____

Starting Date (m/d/y): _____ Leaving Date (m/d/y): _____

Reason for Leaving: _____

Job Title (Present or Last): _____ Name of Supervisor: _____

City, State, Phone #: _____ Description of Work and Responsibilities: _____

Equipment, Machinery or Vehicles You Operated: _____

Name of Next Previous Employer: _____ Type of Business: _____

Starting Date (m/d/y): _____ Leaving Date (m/d/y): _____

Reason for Leaving: _____

Job Title (Present or Last): _____ Name of Supervisor: _____

City, State, Phone #: _____ Description of Work and Responsibilities: _____

Equipment, Machinery or Vehicles You Operated: _____

CERTIFICATION

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally falsified information could result in refusal of employment or discharge. I also authorize the employers, schools or persons named above to provide information regarding my employment, education, character and qualifications. I agree to participate in any requirements for employment, including physical examination and testing for drug/alcohol presence, and understand and agree to the use of these tests in consideration of my employment with Starfire Lumber Co.

Date: _____

Signature _____

DISCLOSURE AND NOTICE REQUIRED BY THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA)

IMPORTANT NOTICE: Please be aware that our company intends to investigate your background for employment purposes. As required by the federal **Fair Credit Reporting Act (FCRA)**, as amended, this notice is to inform you that we plan to request one or more “consumer reports.” A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency bearing on an individual’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. For example, some of the information in a consumer report might include information such as driving records, criminal and civil court history or employment history.

Depending on the nature of the investigation, we may need to obtain medical information about you from your health care provider. If so, you will be asked to authorize the release of your medical information on a separate authorization form.

If you become or are already employed by our company, then this notice and authorization will be kept on file throughout your employment, in case the company needs to request additional consumer reports.

IMPORTANT AUTHORIZATION: I authorize the company to obtain one or more consumer reports on me for employment purposes under the Fair Credit Reporting Act. I understand that if I am hired or if I am already employed by the company, then this written authorization will be valid throughout my employment.

If I wish to rescind this authorization in the future, I will notify an officer of the company in writing. I understand that rescinding this authorization will only stop future requests for consumer reports—in other words, it will not affect requests for a consumer report that the company has already made. I understand that if I have any questions or concerns about the company’s request for consumer reports, I may talk with Sean M. Smith.

Signed: _____

Date: _____