

PLEASE COMPLETE THE FOLLOWING

HOW DID YOU LEARN WE WERE ACCEPTING APPLICATIONS?

WORD OF MOUTH--- Y ____ N ____
READER BOARD --- Y ____ N ____
OREGON EMPLOYMENT SECURITY DEP'T / WORKSOURCE --- Y ____ N ____
NEWSPAPER AD --- Y ____ N ____ NAME OF PAPER _____
OTHER SOURCE --- Y ____ N ____ ID SOURCE BY NAME _____

LOCATION YOU ARE APPLYING FOR (CHECK ALL THAT APPLY)

LONGVIEW, WASHINGTON _____
NORTH PLAINS, OREGON DIVISION _____
MOLALLA, OREGON DIVISION _____
MEDFORD, OREGON DIVISIONS _____

**PLEASE DO NOT CALL OR STOP BY THE OFFICE TO CHECK
ON YOUR APPLICATION. FAILURE TO COMPLY MAY RESULT
IN THE REJECTION OF YOUR APPLICATION!!!**

SPECIFY ON THE APPLICATION, IN THE SPACE PROVIDED,
WHICH **POSITION** YOU ARE APPLYING FOR:

DEBRIS SEPARATOR CLEANUP / UTILITY BUCKER
FRONT END BUCKET LOADER LOG LOADING SHOVEL OP.
LOG LOADING STACKER OP. MECHANIC
MILLWRIGHT JOURNEY ELECTRICIAN

PRINT NAME

DATE

PACIFIC FIBRE PRODUCTS, INC. APPLICATION COVER SHEET

We thank you for your interest in Pacific Fibre Products. Please take a few minutes to read the following information.

Please review the entire application before you begin filling it out. Legibility, completeness, and accuracy are very important. If more space is needed, attach an extra sheet of paper.

Only the Pacific Fibre Products application will be accepted for consideration. You may submit resumes, letters of reference, etc., when you return your completed application. We may stop accepting applications at any time without notice.

You may apply for any job opening that we have posted. An application for any other position may not be considered.

Your application will remain active for three (3) months. After 3 months, you may reapply for any posted openings for which you are qualified.

We strongly support a Drug-Free Work Place. Any offer of employment made to an applicant is contingent on passing a pre-employment drug screen. We also conduct Random Selection drug and alcohol testing.

You must read, sign and date the attached Reference Check Authorization and Release form. This form must be returned with the completed application. We will use this release when we contact former employers, educational institutions, references, etc.

You must read, sign and date the certification at the end of the application. Failure to sign and date may result in rejection of the application.

We regularly have clients, potential customers, foreign and domestic log buyers, government agency representatives, vendors, etc., who visit our facility. It is important Pacific Fibre Products maintains its image in the community and the confidence of our customers by ensuring we have a mill site and a work force that is neat and clean in appearance. We strongly prefer neat and trim hair off the shirt collar and facial hair kept close to the face and neatly trimmed. We discourage the wearing of jewelry, with the exception of a watch, as this is a safety hazard around equipment. We provide coveralls for those employed as cleanup / utility buckers, millwrights, or mechanics.

I have read, fully understand and agree to comply with the contents of this application cover sheet. I understand I must sign and return this letter with my completed application.

Applicant's Signature

Date

**PACIFIC FIBRE PRODUCTS
REFERENCE CHECK AUTHORIZATION AND RELEASE**

I authorize Pacific Fibre Products to investigate and verify all information, statements, references, etc., I have listed on my application for employment or provided during an interview. I authorize all schools, previous employers and references I have provided to furnish Pacific Fibre Products with information regarding skills, education, character, work history, separation of employment, etc.

I release all schools, previous employers and references I have provided from all liability for any damages arising from their response to Pacific Fibre Products' request for information. I understand that such information may be used by Pacific Fibre Products to evaluate my suitability for employment and agree to hold harmless Pacific Fibre Products for using information disclosed during their investigation.

I have read and fully understand this authorization and release. I have had an opportunity to ask questions and have them answered to my satisfaction. A copy of this form is as valid as the original.

Applicant's Signature

Date

EMPLOYMENT APPLICATION

Last Name	First Name	MI
Address and Telephone number where you can be reached.		
Address: _____		
Telephone Number: _____		

 Position applied for Today's Date

Are you seeking? (**circle all that apply**) Full Time -- Part Time -- Temporary -- Summer
 Days --- Swing --- Graveyard

If hired, give the date you could begin work? _____

Are there any work conditions that would prevent you from accepting employment?
 Yes ____ No ____ If yes, give details _____

List on the job experience identifying log species, and list those species that you can easily identify _____

List on the job experience and length of time operating a chain saw: _____

List equipment you have experience operating: _____

EDUCATION HISTORY:	Please list your educational history. Provide the requested information in the spaces below.	
Name and Location of school	Dates Attended	Subjects Studied
	From To	
	From To	
	From To	

Have you ever worked for this company before? Yes ____ No ____

If yes, when? _____ Position Held _____

Have you applied at this company in the past 12 months? Yes ____ No ____
 Some duties require driving company vehicles on public roads. Do you have a valid driver's license? Y ____ N ____ Upon request, can you show proof? Yes ____ No ____

SPECIAL SKILLS:	Please indicate, if relevant to job applying for, any experience operating / maintaining plant equipment or machines. List any license or certification you possess that may be helpful to the position applying for.
------------------------	---

WORK EXPERIENCE: Please list **your complete work history for the last 10 years**, beginning with your most recent job held. If self-employed, give company name and other requested information.

May we contact your present employer? Yes _____ No _____

Name of Employer, Phone #, Address, City, State, Zip Code	Name of last Supervisor _____
	Salary / Pay Start: \$ _____ per Final: \$ _____ per
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____ _____	
<u>Reason for Leaving:</u> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. 	

Name of Employer, Phone #, Address, City, State, Zip Code	Name of last Supervisor _____
	Salary / Pay Start: \$ _____ per Final: \$ _____ per
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____ _____	
<u>Reason for Leaving:</u> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. 	

Name of Employer, Phone #, Address, City, State, Zip Code	Name of last Supervisor <hr/>
	Salary / Pay Start: \$ per Final: \$ per
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____ <hr/>	
<u>Reason for Leaving:</u> <hr/> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Name of Employer, Phone #, Address, City, State, Zip Code	Name of last Supervisor <hr/>
	Salary / Pay Start: \$ per Final: \$ per
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____ <hr/>	
<u>Reason for Leaving:</u> <hr/> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Name of Employer, Phone #, Address, City, State, Zip Code	Name of last Supervisor <hr/>
	Salary / Pay Start: \$ per Final: \$ per
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____ <hr/>	
<u>Reason for Leaving:</u> <hr/> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

REFERENCES:

Please list three references that can provide information about your qualifications to perform the job you are applying for. Do not list relatives as references.

Name	Address / Telephone #	Occupation	Known How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any job you refuse to do? Yes ____ No ____ If yes, give details:

READ CAREFULLY BEFORE SIGNING

In submitting this application for employment, I understand that the Company may investigate any and/or all information provided. I fully understand that no one is guaranteed an interview or consideration beyond the application form.

Any offer of employment is contingent on passing a pre-employment drug screen. By signing this application, I understand that if I am offered employment, I will agree to submit to pre-employment drug screening required by this Company. A refusal to test will disqualify me from further consideration for employment, or reapplying in the future for any position with the Company. A positive test will disqualify me from further consideration; however, I may reapply after six (6) months for available openings for which I am qualified.

My signature below certifies I filled out this application and that all information is true and correct and complete to the best of my knowledge and belief. I understand that providing false statements, answers, any misrepresentation, or any omission of relevant information will result in rejection of application, refusal of employment or possible termination if discovered after date of hire.

I understand that my employment with the Company is on an “at will” (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time. I have read and fully understand, and I agree to the above section.

Signature of Applicant (mandatory)

Date