

APPLICATION FOR EMPLOYMENT

If you have any questions or need any assistance or accommodation during the application process, please do not hesitate to ask.

Elk Creek Forest Products LLC (the "Company") does not discriminate on the basis of race, color, sex, national origin or ancestry, religion, age, disability status, marital status or any other reason prohibited by law.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

This application will be considered only for the specific job for which you are applying. If you desire to be considered for a position at a future time you must file a new application.

****PLEASE FILL OUT THIS APPLICATION IN ITS ENTIRETY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR ACCEPTED (DO NOT REFER TO RESUME OR ATTACHMENT). ****

BASIC INFORMATION	
Job Applied For:	Date:
Full Name:	
Current Street Address (city, state, zip):	
Telephone Number:	Email Address:
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Were you referred to this position? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____	
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any commitments or agreements with another employer which might affect your employment here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

EDUCATION

Name and Location of School	Highest Grade Completed	Did You Graduate?
High School: _____ _____ _____		
College, University, or Trade School: _____ Courses Studied/ Major: _____ Degree: _____		
Additional Education and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed
School: _____		
School: _____		
School: _____		

What skills, training and work experience qualify you for the position for which you are applying?

WORK HISTORY

This entire section **MUST** be completed. List **all** work experience, paid or unpaid, beginning with your current or most recent job (including military experience). Describe each job separately, emphasizing your specific technical and other responsibilities. **Please give employment dates by month and year.** If more space is needed please use the supplemental sheet. **Do not refer to resumes or attachments as they can become separated.**

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Reason for Leaving	
Duties:			

ADDITIONAL INFORMATION

Days/ hours available to work:

- Day shift (6a – 3p)
- Day shift (8a – 5p)
- Swing shift (3p – 1:30a)
- Saturdays (6a – 12p)
- Other (please specify) _____

Can you work full-time? Yes No

Can you work part-time? Yes No

Can you work overtime? Yes No

*Typically all shifts work Mon - Fri

REFERENCES

Please list three professional references.

Name	Address	Phone	Yrs. Known	Relationship

AFFIDAVIT

Please read and initial each statement and sign your name below.

I certify that, to the best of my knowledge, the information in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment. (Initials) _____

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended. (Initials) _____

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information. (Initials) _____

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company. (Initials) _____

I understand that if I refuse to take or fail the drug test, I will not be employed. (Initials) _____

I authorize the Company to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions. (Initials) _____

I agree to conform to all the Company's policies, rules, and procedures. (Initials) _____

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract (signed by both the President of the

Company and myself), I have the right to terminate my employment at any time and for any reason and the Company has the same right. (Initials) _____

Signature _____ Date _____

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT REFERENCE RESUMES OR ATTACHMENTS AS THEY CAN BECOME SEPARATED.

PLEASE READ BEFORE COMPLETING APPLICATION!

ADDENDUM TO EMPLOYMENT APPLICATION

Our employment process includes a mandatory drug screen for those applicants considered for employment. The drug screen includes urine tests for amphetamines, barbiturates, benzodiazepine, cocaine, marijuana, opiates and PCP.

We have taken a zero-tolerance stance on drug usage for our employees. Please be aware that marijuana can stay in the system for periods of one (1) month or longer. Similarly, other drugs also stay in the system for substantial lengths of time.

If there is a probability that your drug screen will render a positive result, we ask that you do not submit an application or proceed with an interview.

CONSENT/RELEASE FORM FOR PRE-EMPLOYMENT DRUG SCREEN

I _____, understand that I will be required to submit to a pre-employment drug screen to be considered for employment.

I further understand that if I decline to sign this consent form and thereby decline to take the required drug screen, my application for employment will be rejected.

I understand that Elk Creek Forest Products LLC (the "Company") has adopted a zero-tolerance stance on drug usage for its employees. This means that any drug use is unacceptable by The Company.

I understand that the collection, testing, and reporting of my drug test results will be in accordance with standard chain of custody proceedings.

I further understand that if I give my consent to submit to a pre-employment drug screen, the test results will be released to authorized Company personnel for appropriate review. I agree to allow the release of such information.

I understand that if I test positive for the presence of illegal drugs, I will have an opportunity to discuss that result with the staff of the testing facility for the purpose of proving a reasonable explanation regarding my positive drug test. I further understand that if my test remains positive for the presence of illegal drugs, I will be disqualified from further consideration by The Company.

I do (___) do not (___) voluntarily consent to submit to a pre-employment drug screen.

Signature of Applicant

Date

AUTHORIZATION TO HAVE FORMER AND EXISTING EMPLOYERS RELEASE INFORMATION

As an applicant for a position with Elk Creek Forest Products LLC (the "Company"), I have been requested to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my employment with your company.

I authorize you to release such employment information to those employees and agents of the Company who require such information in order to make a decision with respect to any matter pertaining to my status as an employee.

I hereby release all former and existing employers, their employees and anyone acting on behalf of those former or existing employers from any and all claims, liability and/or damage of any nature which may result from furnishing the information requested. I also release the Company from any liability associated with the decision not to make an offer of employment because of information provided during this process.

A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

Applicant's Name (PRINT)

Applicant's Home Phone Number

Applicant's Signature

Date

WORK HISTORY – SUPPLEMENTAL SHEET

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer		Supervisor	
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