

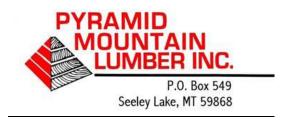
## **APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please Complete Each Item (Print)				Date of Application			/			
Α.	. NAME:			Social Security #						
		(Last)	(First) (Mi	ddle)						
В.	RE	SIDENCE:								
	1.	Present address:								
	_	(Stre	et)	(City)	(State)		(Zip Code)			
	2.	Telephone:		Cell Phone:						
C.	PΕ	RSONAL DATA:								
	1.	Are you age 18 or older? Y	ES θ NO θ							
	2.	In case of emergency, pleas								
		a. Name:								
		b. Address:								
		c. Telephone:								
	3	Citizenship:								
	Ο.	Will you be able to provide p	aroof of identity an	d amployment alic	ibility if bired?	VESA	NO A			
	4.	For Driving Jobs Only: Do				1230	NO 0			
	4.									
	E	License #				oro ond/s				
	5.	Have you ever been convict								
		confined in jail for more than	•		,	CONVICTION	record			
		will not necessarily ban an a		• ,						
		If yes, please describe:								
D.		CICATIONAL AND TRAINING Circle the highest grade corn Name of High School:Name of College:College Major:	mpleted: Grade 1 2	3 4 5 6 7 8 High Did yo Did yo	u Graduate? u Graduate?	YES θ YES θ	ΝΟ θ			
	3.									
	_	Apprentice or Trade School Training:								
	••	, фр. от на се ста ста се ста ста се ста ста се ста		(Years/Months)		(Year Com	pleted)			
		(Subj								
	5.	Correspondence Training:	(School or Company)							
		. 3 -		(Years/Months)		(Year Com	pleted)			
		(Subj	ect)		(School)					
	6.	6. Armed Forces or Other Training:								
				(Years/Months)		(Year Com	pleted)			
	_		(Subject)			(School)				
	7.	First Aid Certificates:								
	a. Cardiopulmonary Resuscitation (CPR), Date on Card:									
		b. Standard First Ai								
		c. Emergency Medi	cal Technician (EN	/IT), Date on Card	<u> </u>					
		Dates verified by:								
		Dates verified by.	(Name)							

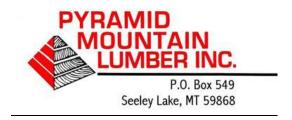
E.	<b>EM</b> 1.	MPLOYMENT DESIRED: . Positions Desired (preference order): a.								
	١.									
		b c c c Part-Time: YES $\theta$ NO $\theta$ Part-Time: YES $\theta$ NO $\theta$								
		If seeking temporary employment only, when would you expect to terminate?  Date you can start?Salary or wage desired:								
	2.	2. Are you willing to accept odd (nights, graveyard or weekend) or rotating shift hours? YES $\theta$ NO								
	3.	Are you employed now?								
	4.	Ever applied to this Company before YES θ NO θ If yes, when and where?								
	5.	May we inquire of any o	f your	past employ	vers? YES θ NO	θ				
F.	EM	PLOYMENT HISTORY:								
	1.	Have you worked for thi	s Com	pany previo	usly? YES θ NO	θ If yes, g	jive date	es:		
		Job or jobs:			Reason fo	r leaving:				
	2. Other employment:									
		a. Current or last emplo	yer:							
		(								
		(Telephone)			(City)	(State)	(Zip)	(Wage or Salary)		
		Duties/Responsibilities:			Cunomicori					
		From: / / / Nature of Work:	10	1 1	Supervisor	r looving:				
		Nature of Work.			Neason to	i leaving				
		b. Next previous emplo								
		(Telephone)  Duties/Responsibilities:		(Street)	(City)			(Wage or Salary)		
		From:/			Supervisor:					
		Nature of Work: Reason for leaving:								
		c. Next previous emplo	vor:							
		(	-							
		(Telephone)  Duties/Responsibilities:	,	(Street)	(City)			(Wage or Salary)		
		From: / /	To:	1 1	Supervisor:					
		Nature of Work:								
G.		ST EXPERIENCE:						<b>6</b> 1 311)		
	I ha	ave performed the followi	ng jobs					er of skill)		
	•	Job			g Performed					
	a h									
	0									
PLI	EASE	REVIEW THIS FORM AN	D MAK	E SURE TH	AT YOU ANSWERE	D EACH IT	EM			
		DRIZE INVESTIGATION OF STAND THAT MISREPRES								
		STAND THAT MISREPRES								
		SSFULLY PASSING A CON								
		OR ALL MEDICAL INFOR							TO DO	
		FOR WHICH I AM APPLYIN						STANCE ABUSE		
۲K	UGR	AM, INCLUDING DRUG AN	ND/OK .	ALCOHOL I	ESTING AS MAY B	E KEQUIRI	Ξυ.			
IF E AC	EMPL KNO	LOYED, I AGREE TO CONI WLEDGE THAT I WILL AB	FORM TIDE BY	TO THE RUL	ES OF THIS COMP YEE HANDBOOK	PANY. I FUI AND POLIC	RTHER I	UNDERSTAND A EMENTS.	ND	
Dat	۵.		Annlic	ant's Signatu	ıre.					

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Applicants and employees who wish to benefit under the Affirmative Action Program of Pyramid Mountain Lumber, Inc. are invited to identify themselves. This information is voluntarily provided, it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment.

## Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program. I IDENTIFY MYSELF AS: $\theta$ YES $\theta$ NO Veteran of the Vietnam Era A veteran of the Vietnam era who (A) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of the person's active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a serviceconnected disability if any part of the person's active duty was performed: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases. θ YES $\theta$ NO **Special Disabled Veteran** (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: (A) rated at 30% or more, or (B) rated at 10 or 20% in cases of a veteran who has been determined under Sect. 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability. Other Protected Veteran θ YES $\theta$ NO A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized? (Example: World War II, Korean, the Persian Gulf War, Desert Shield, Bosnia, Somalia, or Kosovo) $\theta$ YES A NO **Recently Separated Veteran** A veteran who served on active duty in the United States military, ground, naval, or air service and was discharged or released from active duty less than three years before today's date. θ YES $\theta$ NO **Disabled Individual** Any person who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap or disability. Name Date Signature



This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with the Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. This Order also requires Government contractors to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed. The information provided will be used only in ways that are not inconsistent with Executive Order 11246, as amended.

I identify myself as:	$\theta$ Male	$\theta$ Female
	$\boldsymbol{\theta}$ White	
	$\theta$ Black	
	$\theta$ Hispanic	
	$\theta$ Asian	
	$\theta$ American	Indian
Maria		
Name		
Signature		
Date		