

Pacific Pine Products, Inc

PO Box 662 - 17634 Hwy 395

Lakeview OR 97630

Phone 541-947-2514 - Fax 541-947-2825

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

In Case of Emergency Contact Name: _____ Phone: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references not related to applicant.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**DRUG-FREE WORKPLACE POLICY
PRE-EMPLOYEE AGREEMENT**

Part of the hiring process includes testing for controlled or illegal substances. If you wish to complete the application process, you must participate in such testing and consent to such testing by signing this form. **A fee of \$75 will be collected at our office before the test is administered.** Cash, check or credit cards are accepted. Payment will not be processed until final results are confirmed. The full amount will be returned if a negative test is determined. A positive test result will not be refunded.

Do you consent to the testing of specimens provided by you in order to determine the presence of controlled substances and do you recognize that the analysis results of such specimens will be used to determine suitability of employment?

Yes _____ No _____

Employee Signature

Date

Employee Name (print)

Company Representative Signature

Date

Company Representative Name (print)

Please list any medication you are currently taking:

DRUG-FREE WORKPLACE POLICY