

**BIGHORN LOGGING CORP.**  
**BANKS OREGON 97106**

**13820 NW MAIN ST.**  
**503-324-2422 Fax 503-324-6103**

**APPLICATION FOR**  
**EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital, disability or veteran status, or any other legally protected status. Pre-employment drug screen required.

<b>Position Applied for:</b>	<b>Date of Application:</b>	<b>How did you learn about us?</b> advertisement ___ friend ___ relative ___ other ___
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address Street</b>	<b>City</b>	<b>State Zip Code</b>
<b>Home Telephone Number</b>	<b>Mobile Telephone Number</b>	

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes \_\_\_ no \_\_\_

Have you filed an employment application with us before? If yes, date \_\_\_\_\_ yes \_\_\_ no \_\_\_

Have you been employed with us before? If yes, date \_\_\_\_\_ yes \_\_\_ no \_\_\_

Do any of your friends or relatives, other than a spouse, work here? yes \_\_\_ no \_\_\_

Are you currently employed? yes \_\_\_ no \_\_\_ May we contact your current employer? yes \_\_\_ no \_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 Proof of citizenship or immigration status will be required upon employment yes \_\_\_ no \_\_\_

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you currently on layoff status and subject to recall? yes \_\_\_ no \_\_\_

Can you travel if a job requires it? yes \_\_\_ no \_\_\_

Do you have a valid drivers license? yes \_\_\_ no \_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you have a valid CPR/first aid card? yes \_\_\_ no \_\_\_ if yes, expiration date \_\_\_\_\_

<b>EDUCATION</b>	<b>Name of School</b>	<b>Course of Study</b>	<b>No. of years completed</b>	<b>Diploma/ Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>College</b>				
<b>Graduate/ Professional</b>				

**FOR PERSONNEL DEPARTMENT USE ONLY**

Employed yes \_\_\_ no \_\_\_ Rate of Pay \_\_\_\_\_ Start Date \_\_\_\_\_

Job side \_\_\_\_\_ Job Title \_\_\_\_\_ Referred by \_\_\_\_\_

Remarks \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Employer		<b>Dates Employed</b>		<b>Work Performed/Job Duties</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				
Employer		<b>Dates Employed</b>		<b>Work Performed/Job Duties</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				
Employer		<b>Dates Employed</b>		<b>Work Performed/Job Duties</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				
Employer		<b>Dates Employed</b>		<b>Work Performed/Job Duties</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				
Employer		<b>Dates Employed</b>		<b>Work Performed/Job Duties</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

**REFERENCES**

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

**JOB RELATED SKILLS AND TRAINING**

Describe any job related skills or training you have received from other employment, experience or apprenticeship relating to the position you are applying to fill.


**APPLICANT'S STATEMENT**

I certify the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, and agree, that I will abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF ALL LIABILITY**

By my signature below, I acknowledge and agree that the consideration for employment with Bighorn Logging Corp. is contingent on the results of a reference and background check. I therefore authorize Bighorn Logging Corp. to investigate the truthfulness of any and all statements made on this application and to contact former employers, other listed references or any other person or persons who can verify information provided in this application. I further authorize Bighorn Logging Corp. to discuss the results of any investigation with all of their employees involved in the hiring process. I further authorize all former employers, other listed references or any other persons who can verify information provided by me on the application form to provide information without limitation concerning my application for employment, my background and suitability for employment with Bighorn Logging Corp. In that regard, I hereby release Bighorn Logging Corp. (and its directors, shareholders, agents and employees) and any former employer, other listed reference or any other person who can verify information provided by me on my application form from any and all civil liability under any rule, regulation or law for providing such employment information and do hereby waive any right to pursue civil litigation against Bighorn Logging Corp., any former employer, reference or other person.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date