



APPLICATION FOR EMPLOYMENT
 PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	SOCIAL SECURITY NO. - -		

HISTORY / EXPERIENCE

ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHERE?	EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, WHEN? _____)
HAVE YOU WORKED FOR A TURMAN ENTITY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, WHEN? <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ___ MONTH(S) AGO <input type="checkbox"/> ___ YEAR(S) AGO
DO YOU HAVE PREVIOUS EXPERIENCE IN ANY OF THE FOLLOWING FIELDS? (CHECK ALL THAT APPLY)	
<input type="checkbox"/> EQUIPMENT/MACHINE OPERATOR	<input type="checkbox"/> LUMBER GRADER
<input type="checkbox"/> LABORER	<input type="checkbox"/> MECHANIC
<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> SAWYER
<input type="checkbox"/> BOILER OPERATOR	<input type="checkbox"/> TRUCK DRIVER

ADDITIONAL SKILLS _____

FORMER EMPLOYERS

NAME OF EMPLOYER	LENGTH OF EMPLOYMENT

ARE YOU AT LEAST 18 YEARS OF AGE? NO YES

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES

IF YES, EXPLAIN THE TIME AND NATURE OF THE OFFENSE(S)? _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____ DATE _____