

APPLICATION FOR EMPLOYMENT

Superior Forest Products, Inc.
PO Box: 670
Junction City, OR 97448

Phone: (541) 998-3637
Fax: (541) 998-3620

Please clearly print all information requested except signature.

Please complete pages 1-7

DATE: _____

NAME: _____
Last First Middle

SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____
Number Street City State Zip

MAILING ADDRESS (If Different than Above): _____

HOME PHONE: _____

MESSAGE PHONE: _____

ARE YOU UNDER THE AGE OF 18? Yes No

If yes, state your date of birth _____

ARE YOU LAWFULLY EMPLOYABLE IN THE UNITED STATES? Yes No
Authorization for Employment or Proof of Identity required upon employment

HAVE YOU EVER BEEN CHARGED / CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

IN CASE OF ACCIDENT OR EMERGENCY

Name of Person you wish the Company to Notify: _____

Home Phone: _____ Work: _____ Message: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License # _____ State _____ Expiration Date _____ Operator Commercial (CDL)

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

AVAILABILITY FOR WORK

Wage Desired: _____

Schedule desired or available for: Full Time Part Time Seasonal / Temporary

When are you available for work? _____

This position may require working overtime and or weekends to meet production needs.

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Applicants must submit to drug screening prior to employment.

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EDUCATION

Type and location of School	Major Subject	Circle last year Attended	Graduated (Give Degree)
High School		1 2 3 4	
College		1 2 3 4	
Graduate School		1 2 3 4	
Business, Trade, Other		1 2 3 4	

Do you plan further education? ___ Yes ___ No

Starting Date _____ Type of Course: _____

List any other specialty training seminars, conferences, or courses attended that you feel would be relative to employment with our company: _____

MILITARY

Have you ever been in the armed forces? ___ Yes ___ No

Are you now a member of the National Guard? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

SPECIAL SKILLS AND QUALIFICATIONS

Please list any and all languages you speak: _____

Please indicate Industry specific areas and number of years, for which you are experienced or skilled: _____

Please summarize special job-related skills and qualifications acquired from employment, military, or other experience that you feel would be relative to employment with our company: _____

Please indicate any safety training courses, certifications, etc that you have participated in over the last two years: _____

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PRIOR WORK HISTORY

(Please list your work experience beginning with your current or most recent job. Job related military service assignments and volunteer activities might also be included. **Attach additional sheets if necessary.**)

Have you ever been employed by Superior Forest Products, Inc. ___ Yes ___ No

Please list anyone you know that is currently employed at Superior Forest Products, Inc. _____

Name of Employer: Address: City, State, Zip Phone Number:	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer: Address: City, State, Zip Phone Number:	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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If needed, please list and insert additional prior work history on a separate sheet of paper.

May we contact the employers listed above? ___ Yes ___ No
 If not, indicate which one(s) you do not wish us to contact.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Thank you for completing this application and for your interest in employment with Superior Forest Products, Inc. Your opportunity for employment with our company will be based upon qualifications and merit. It is the policy of this company that persons are employed without unlawful discrimination on the basis of race, color, creed, national origin, age, sex, marital and veteran status, disability or pregnancy, and other factors in accordance with the law.

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**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENTS**

I certify that the facts set fourth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, any facts found to be untrue or intentionally left out of this application shall be considered cause for dismissal.

_____ (Please initial acknowledgement here)

I authorize Superior Forest Products, Inc. to check the information on this application and to obtain additional information or make any investigation relating to my background . I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background or past employment history.

_____ (Please initial acknowledgement here)

I understand that this application for employment shall be considered active for a period of 1 year from the date of this application.

_____ (Please initial acknowledgement here)

I understand that Superior Forest Products, Inc. has a commitment to maintain a drug and alcohol free workplace and that the company requires a pre-employment drug and alcohol screening test as part of its selection and hiring process. Any applicant who has a confirmed positive or dilute test for the presence of alcohol or any illegal or unauthorized substance will have the offer of employment withdrawn and may not reapply for employment consideration for at least one year. I further understand and agree that if employed, I may be required to submit to drug / alcohol testing during my employment. I will abide by all company policies and agreements relating to a drug and alcohol free workplace.

_____ (Please initial acknowledgement here)

In consideration of my employment, I agree to comply with the policies and procedures of the company and I understand that the policies, procedures, and the terms and conditions of my employment may change from time to time with or without notice. I understand that neither this application, my employment offer letter, or Superior Forest Products, Incorporated's policies and procedures constitute an express or implied contract of employment or make promises of specific performance in certain circumstances upon which I may rely. I further understand that, if hired, my employment with Superior Forest Products, Inc. is "at will" and can be terminated at anytime, with or without cause and with or without notice.

_____ (Please initial acknowledgement here)

Signature of Applicant: _____ Date: _____

This application for employment will not be considered unless fully completed and signed.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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