ASSOCIATED LOGGING CONTRACTORS, INC.

EMPLOYMENT APPLICATION

Please complete all applicable sections. Additional information may be attached if needed.

APPLICANT INFORMATION

Full Name _____	Phone Number _____
Mailing Address _____ _____	City / State / ZIP _____
Email Address _____	Position Applied For _____
Date Available to Start _____	Desired Rate of Pay _____
Are you legally authorized to work in the United States? Yes / No _____	Are you able to perform the essential functions of the position? Yes / No _____

EMPLOYMENT PREFERENCES

Desired Employment: ☐ Full-Time ☐ Part-Time	Preferred Schedule / Availability _____
Are you willing to work overtime when needed? Yes / No	Are you willing to travel if required? Yes / No

EMPLOYMENT HISTORY

Please list your most recent employer first. Include military service, if applicable.

Employer 1	**Employer 2**
Employer / Company _____	Employer / Company _____
Address / Phone _____	Address / Phone _____
Job Title / Supervisor _____	Job Title / Supervisor _____
Dates Employed _____	Dates Employed _____
Reason for Leaving _____	Reason for Leaving _____
Primary Duties _____	Primary Duties _____

EDUCATION, TRAINING & CERTIFICATIONS

High School / GED _____	College / Trade School _____
Relevant Training / Certifications _____	Licenses / Credentials _____

PROFESSIONAL REFERENCES

Please provide three professional references who can speak to your work performance. Do not list relatives unless they have directly supervised you in a professional capacity.

Reference 1	**Reference 2**	**Reference 3**
Name / Company _____	Name / Company _____	Name / Company _____
Relationship / Position _____	Relationship / Position _____	Relationship / Position _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____

APPLICANT ACKNOWLEDGMENT & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false, misleading, or omitted information may result in rejection of my application or, if hired, disciplinary action up to and including termination.

I authorize Associated Logging Contractors, Inc. (ALC) to contact the employers, references, educational institutions, and other persons or organizations listed in this application for the purpose of verifying the information provided and evaluating my qualifications for employment. I authorize those contacted to provide relevant information concerning my employment, qualifications, work performance, and dates of employment, and I release them and ALC from liability for providing or receiving such information to the extent permitted by law.

I understand that submission of this application does not create a contract of employment or guarantee employment. If I am hired, my employment will be subject to the terms and conditions established by ALC, including applicable at-will employment provisions, unless otherwise provided by a written agreement signed by an authorized representative of ALC.

I understand that ALC is an equal opportunity employer and that employment decisions are made without unlawful discrimination under applicable federal, state, or local law.

Applicant Signature _____	Date _____

For Office Use Only

Date Received _____	Interview Date _____	Hiring Decision _____