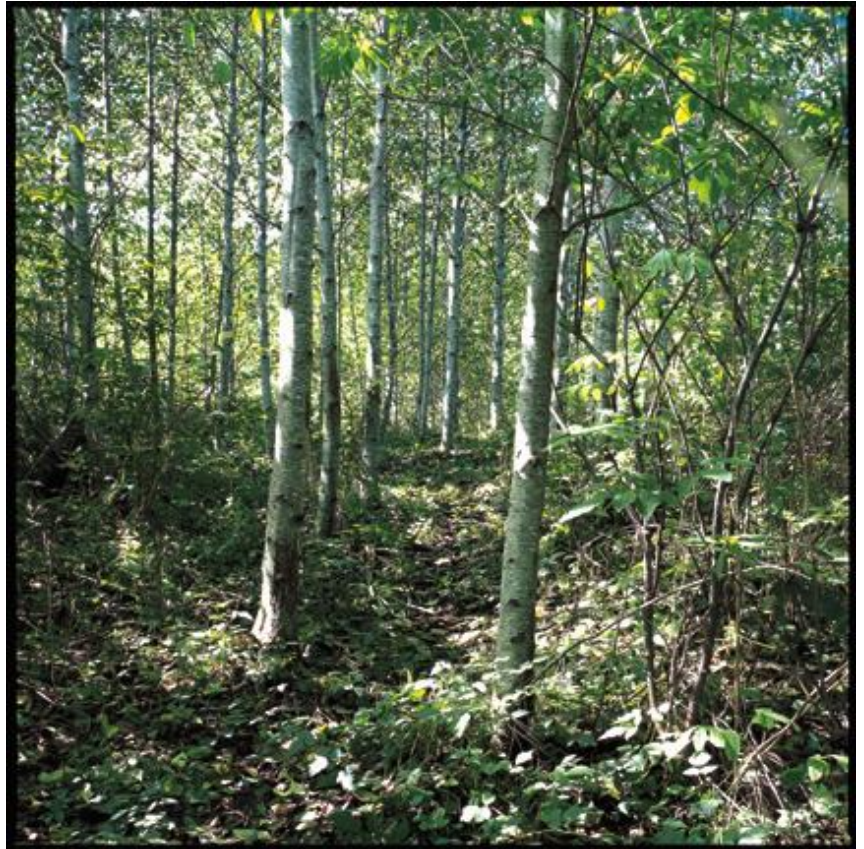


NAME: Last	First	Middle Initial	DATE
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Employment Application
Confidential

Which of the following shifts are you willing to work?
<input type="checkbox"/> Day shift
<input type="checkbox"/> Swing shift
<input type="checkbox"/> Night shift
<input type="checkbox"/> Weekends
<input type="checkbox"/> Rotating shifts
<input type="checkbox"/> All shifts and times
Position Applying For
<input type="checkbox"/> Hourly (production, maintenance)
<input type="checkbox"/> Salaried (professional, administrative, technical)



Equal Opportunity Employer

Please print and answer all questions. If one does not apply you're required to insert or check "NA".

If additional space is required to adequately answer any question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet. If the information asked for has been provided in another document (for example, in a résumé), enter "see résumé" (or other document) in the appropriate blank(s).

In reading and answering these questions, please keep in mind that none of the questions are intended to imply illegal limitations, preferences, or discrimination based on age, race, gender, marital status, sexual orientation, religion, national origin, veteran status or disability.

PERSONAL INFORMATION

NAME: Last	First	Middle Initial	SOCIAL SECURITY NO.
			_ _ - _ _ - _ _

PRESENT ADDRESS: (Street, Rfd., Box)	TELEPHONE
--------------------------------------	-----------

CITY	STATE	ZIP CODE	BACKUP OR EMERGENCY TELEPHONE
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HAVE YOU THE LEGAL RIGHT TO WORK IN THE U.S.? HIRE IS SUBJECT TO VERIFICATION THAT APPLICANT MEETS LEGAL AGE AND U.S. WORK PERMIT REQUIREMENTS	DATE AVAILABLE FOR EMPLOYMENT
<input type="checkbox"/> Yes <input type="checkbox"/> No	

MAJOR FIELDS OF EMPLOYMENT INTEREST

1) _____ 2) _____

GEOGRAPHIC PREFERENCES	WILLING TO RELOCATE?
1) _____ 2) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSES AND CERTIFICATES

ARE YOU WILLING TO WORK EVENINGS, WEEKENDS OR HOLIDAYS IF REQUIRED BY THE NATURE OF THE WORK?

IF APPLYING FOR A POSITION REQUIRING YOU TO DRIVE ON THE JOB, COMPLETE THE FOLLOWING

POSSESS A VALID DRIVER'S LICENSE?	LICENSE EVER RESTRICTED, SUSPENDED, REVOKED?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain
DRIVER'S LICENSE NO.	

EDUCATIONAL BACKGROUND

NAMES AND LOCATIONS OF HIGH SCHOOLS, COLLEGES, UNIVERSITIES, SPECIAL PROGRAMS	ADDRESS OF SCHOOL	FACULTY REFERENCE	DATES		DIPLOMA/DEGREE EARNED	GRAD. DATE	COLLEGE
			FROM	TO			
H.S.					Yes No <input type="checkbox"/> <input type="checkbox"/>		Major Minor
1.							
2.							
3.							

HIGH SCHOOL OR COLLEGE HONORS, PUBLICATIONS, PROFESSIONAL SOCIETIES, AND OTHER EXTRA-CURRICULAR ACTIVITIES WHICH MAY RELATE TO THE JOB YOU ARE APPLYING FOR.

SKILLS

LIST ANY SKILLS/TOOLS, EQUIPMENT OR MACHINES YOU HAVE EXPERIENCE WITH

TOOLS:

MACHINES/EQUIPMENT (Office and Manufacturing):

Personal Computer Skills/Software Use:

- Word Processing (specify software) _____
- Desktop Publishing (specify software) _____
- Spreadsheets (specify software) _____
- Graphics (specify software) _____
- Programmer Languages _____

EXPERIENCE AND EMPLOYMENT HISTORY

Please start with your most recent position. Please account for at least the last five years. .

COMPANY (1)		ADDRESS	
KIND OF BUSINESS		EMPLOYED	To:
POSITION		From:	
NATURE OF WORK			NUMBER SUPERVISED
NAME OF SUPERVISOR	POSITION OF SUPERVISOR	TELEPHONE	

REMARKS: State clearly your reasons for leaving or desiring to change from this position.

COMPANY (2)		ADDRESS	
KIND OF BUSINESS		EMPLOYED	To:
POSITION		From:	
NATURE OF WORK			NUMBER SUPERVISED
NAME OF SUPERVISOR	POSITION OF SUPERVISOR	TELEPHONE	

REMARKS: State clearly your reasons for leaving.

COMPANY (3)		ADDRESS	
KIND OF BUSINESS		EMPLOYED	To:
POSITION		From:	
NATURE OF WORK			NUMBER SUPERVISED
NAME OF SUPERVISOR	POSITION OF SUPERVISOR	TELEPHONE	

REMARKS: State clearly your reasons for leaving.

U.S. MILITARY INFORMATION

BRANCH OF SERVICE

HIGHEST GRADE HELD

INDICATE SPECIALIZATION, TRAINING OR WORK EXPERIENCE OBTAINED

EMPLOYMENT REFERENCES

NAME	POSITION	COMPANY	ADDRESS
1.			
2.			
3.			

I have previously applied for employment been employed by Northwest Hardwoods

LOCATION (If you've applied for employment within the last 24 months, list all locations applied to)	POSITION	DATE

HOW WERE YOU REFERRED TO NORTHWEST HARDWOODS?

SAFETY

ARE YOU ABLE AND WILLING TO ADHERE TO ALL NORTHWEST HARDWOODS' SAFETY POLICIES?

Yes No

I certify that the information shown on this application and in other documents I have referred to (if any) is true. I understand that any falsification, misrepresentation or withholding of pertinent information will be cause for denial of employment or immediate termination when discovered after employment.

I authorize previous employers, references and agencies (which may include credit bureaus, law enforcement agencies, driver licensing bureaus and educational institutions where permitted by law) to furnish Northwest Hardwoods or its agent(s) all information Northwest Hardwoods deems relevant to my qualification for employment.

I understand that completing a medical history form, screening for illegal drug use, and taking a physical capacity evaluation at company expense may be required before final acceptance as an employee.

I understand that Northwest Hardwoods offers employment under the legal terms of the doctrine of employment at will, except for employment offered under collective bargaining agreements. Employment at will means that either the employee or the company is free to end the employment relationship at any time with or without cause, for any reason not prohibited by law. Only the officers of the company may authorize contracts of employment other than at will and only if that contract is a written document which is signed by an officer of the company.

I further understand Northwest Hardwoods, Inc. complies with any state laws governing employment that may be in effect.

Signature

Date

APPLICANT FLOW DATA SHEET

Thank you for applying for a position with our company. We ask all applicants to provide the demographic information requested below. By providing this data, you help ensure that we are compliant as a government contractor subject to equal employment opportunity laws. Refusal to provide this information will not disqualify your application. This information is confidential and is kept separate from other application materials. Thank you!

Date of this application:

Month	Day	Year			

Have you filled out an application earlier this calendar year? Yes No

Positions Applying For

Name

Last	First	M.I.
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STATISTICAL INFORMATION

What is your gender? Male Female

Are you Hispanic? **Yes.** Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
 If you check this box, you may skip the next question.
 No. Continue to the next question.

What is your race? **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 Black or African American: A person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.
 Two or More Races: All persons who identify with more than one of the above five races.

1. Veteran Status (Please check all that apply in the vet categories)	Veteran Categories (Check all that apply. See the explanation of these categories on page 3) <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Veteran of war, campaign or expedition: Veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. <input type="checkbox"/> Noncombat veteran who earned an Armed Forces Service Medal <input type="checkbox"/> Recently separated veteran: Any veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Date of discharge/release: _____
Sign Here	Signature: _____ Date: _____

Explanation of Veterans' Categories

You can be covered under more than one category, so please check all that apply on the "Invitation to Self-Identify" form.

- ❖ *Disabled veteran.* A veteran who is entitled to compensation (or would be if the person were not receiving military retired pay) for a service-connected disability under laws administered by the U.S. Department of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability.
- ❖ *Veteran of war, campaign or expedition.* Veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of these wars, campaigns and expeditions can be found at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
- ❖ *Noncombat veteran who earned Armed Forces Service Medal.* Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. This service medal is a noncombat medal that covers significant U.S. military operations that don't encounter foreign armed opposition or imminent hostile action. An explanation and list of operations that qualify for the Armed Forces Service Medal can be found at <http://foxfall.com/csm-common-afsm.htm>.
- ❖ *Recently separated veteran:* Any veteran during the *three*-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

How did you hear about this position?

FOR COMPANY USE ONLY												
Facility Code [][][][][]	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Organization/Business and EEO-1 Job Codes</th> </tr> <tr> <td style="width: 50%; padding: 5px; text-align: center;"> Organization Business </td> <td style="width: 50%; padding: 5px; text-align: center;"> EEO-1 </td> </tr> <tr> <td style="text-align: center; padding: 5px;">[][][][]</td> <td style="text-align: center; padding: 5px;">[][][][]</td> </tr> <tr> <td style="text-align: center; padding: 5px;">[][][][]</td> <td style="text-align: center; padding: 5px;">[][][][]</td> </tr> <tr> <td style="text-align: center; padding: 5px;">[][][][]</td> <td style="text-align: center; padding: 5px;">[][][][]</td> </tr> </table>	Organization/Business and EEO-1 Job Codes		Organization Business	EEO-1	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	Note:
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