

**PACIFIC FIBRE PRODUCTS, INC.**

PLEASE COMPLETE THE FOLLOWING

HOW DID YOU LEARN WE WERE ACCEPTING APPLICATIONS?

WORD OF MOUTH--- Y \_\_\_\_ N \_\_\_\_  
READER BOARD --- Y \_\_\_\_ N \_\_\_\_  
OREGON EMPLOYMENT SECURITY DEP'T / WORKSOURCE --- Y \_\_\_\_ N \_\_\_\_  
NEWSPAPER AD --- Y \_\_\_\_ N \_\_\_\_ NAME OF PAPER \_\_\_\_\_  
OTHER SOURCE --- Y \_\_\_\_ N \_\_\_\_ ID SOURCE BY NAME \_\_\_\_\_

LOCATION YOU ARE APPLYING FOR (CHECK ALL THAT APPLY)

LONGVIEW, WA DIVISION \_\_\_\_\_  
NORTH PLAINS, OREGON DIVISION \_\_\_\_\_  
MOLALLA, OREGON DIVISION \_\_\_\_\_  
CENTRAL POINT, OREGON DIV. \_\_\_\_\_

**PLEASE DO NOT CALL OR STOP BY THE OFFICE TO CHECK  
ON YOUR APPLICATION. FAILURE TO COMPLY MAY RESULT  
IN THE REJECTION OF YOUR APPLICATION!!!**

SPECIFY ON THE APPLICATION, IN THE SPACE PROVIDED,  
WHICH **POSITION** YOU ARE APPLYING FOR:

DEBRIS SEPARATOR                      CLEANUP / UTILITY BUCKER  
FRONT END BUCKET LOADER      LOG LOADING SHOVEL OP.  
LOG LOADING STACKER OP.      MECHANIC  
MILLWRIGHT                              JOURNEY ELECTRICIAN

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
DATE

PACIFIC FIBRE PRODUCTS, INC. APPLICATION COVER SHEET

We thank you for your interest in Pacific Fibre Products. Please take a few minutes to read the following information.

Please review the entire application before you begin filling it out. Legibility, completeness, and accuracy are very important. If more space is needed, attach an extra sheet of paper.

Only the Pacific Fibre Products application will be accepted for consideration. You may submit resumes, letters of reference, etc., when you return your completed application. We may stop accepting applications at any time without notice.

You may apply for any job opening that we have posted. An application for any other position may not be considered.

Your application will remain active for three (3) months. After 3 months, you may reapply for any posted openings for which you are qualified.

We strongly support a Drug-Free Work Place. Any offer of employment made to an applicant is contingent on passing a pre-employment drug screen. We also conduct Random Selection drug and alcohol testing.

You must read, sign, and date the attached Reference Check Authorization and Release form. This form must be returned with the completed application. We will use this release when we contact former employers, educational institutions, references, etc.

You must read, sign, and date the certification at the end of the application. Failure to sign and date may result in rejection of the application.

We regularly have clients, potential customers, foreign and domestic log buyers, government agency representatives, vendors, etc., who visit our facility. It is important Pacific Fibre Products maintains its image in the community and the confidence of our customers by ensuring we have a mill site and a work force that is neat and clean in appearance. We strongly prefer neat and trim hair off the shirt collar and facial hair kept close to the face and neatly trimmed. We discourage the wearing of jewelry, with the exception of a watch, as this is a safety hazard around equipment. We provide coveralls for those employed in a number of positions such as debris separators, cleanup / utility buckers, millwrights, mechanics.

I have read, fully understand, and agree to comply with the contents of this application cover sheet. I understand I must sign and return this letter with my completed application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PACIFIC FIBRE PRODUCTS  
REFERENCE CHECK AUTHORIZATION AND RELEASE**

I authorize Pacific Fibre Products to investigate and verify all information, statements, references, etc., I have listed on my application for employment or provided during an interview, or identified by myself or others in the hiring process. I authorize all schools, previous employers, references, etc., to furnish Pacific Fibre Products with information regarding skills, education, character, work history, separation of employment, etc.

I release all schools, previous employers, references, etc., from all liability for any damages arising from their response to Pacific Fibre Products' request for information. I understand that such information may be used by Pacific Fibre Products to evaluate my suitability for employment and agree to hold harmless Pacific Fibre Products for using information disclosed / discovered during their investigation.

I have read and fully understand this authorization and release. I have had an opportunity to ask questions and have them answered to my satisfaction. A copy of this form is as valid as the original.

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Applicant's Signature

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Date

**EMPLOYMENT APPLICATION**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Address</b> and <b>Telephone</b> number where you can be reached.		
<b>Address:</b> _____		
<b>Telephone Number:</b> _____		

\_\_\_\_\_  
 Position applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking? (**circle all that apply**) Full Time -- Part Time -- Temporary -- Summer Days --- Swing --- Graveyard

If hired, give the date you could begin work? \_\_\_\_\_

Are there any work conditions that would prevent you from accepting employment?  
 Yes \_\_\_\_ No \_\_\_\_ If yes, give details \_\_\_\_\_

List on the job experience identifying log species, and list those species that you can easily identify \_\_\_\_\_

List on the job experience and length of time operating a chain saw: \_\_\_\_\_

List equipment you have experience operating: \_\_\_\_\_

<b>EDUCATION HISTORY:</b>	Please list your educational history. Provide the requested information in the spaces below.	
Name and Location of school	Dates Attended	Subjects Studied
	From To	
	From To	
	From To	

Have you ever worked for this company before? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_ Position Held \_\_\_\_\_

Have you applied at this company in the past 12 months? Yes \_\_\_\_ No \_\_\_\_  
 Some duties require driving company vehicles on public roads. Do you have a valid driver's license? Y\_\_ N\_\_ Upon request, can you show proof? Yes \_\_\_\_ No \_\_\_\_

**SPECIAL SKILLS:** Please indicate, if relevant to job applying for, any experience operating / maintaining plant equipment or machines. List any license or certification you possess that may be helpful to the position applying for.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE:** Please list **your complete work history for the last 10 years**, beginning with your most recent job held. If self-employed, give company name and other requested information.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of Employer,          Phone #, Address,          City, State, Zip Code</b>  Fax: _____ Email: _____	Name of last Supervisor _____  
Dates Worked: Start __/__/__ End __/__/__ Last Job Title _____	
<b>Reason for Leaving:</b> _____ List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

<b>Name of Employer,          Phone #, Address,          City, State, Zip Code</b>  Fax: _____ Email: _____	Name of last Supervisor _____  
Dates Worked: Start __/__/__ End __/__/__ Last Job Title _____	
<b>Reason for Leaving:</b> _____ List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

<b>Name of Employer, Phone #, Address, City, State, Zip Code</b>  <b>Fax:</b> _____ <b>Email:</b> _____	Name of last Supervisor <hr/>
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____	
<u>Reason for Leaving:</u> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

<b>Name of Employer, Phone #, Address, City, State, Zip Code</b>  <b>Fax:</b> _____ <b>Email:</b> _____	Name of last Supervisor <hr/>
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____	
<u>Reason for Leaving:</u> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

<b>Name of Employer, Phone #, Address, City, State, Zip Code</b>  <b>Fax:</b> _____ <b>Email:</b> _____	Name of last Supervisor <hr/>
Dates Worked: Start ___/___/___ End ___/___/___ Last Job Title _____	
<u>Reason for Leaving:</u> List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

**REFERENCES:**

Please list three references that can provide information about your qualifications to perform the job you are applying for. Do not list relatives as references.

Name	Address / Telephone #	Occupation	Known How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any job you refuse to do? Yes \_\_\_\_ No \_\_\_\_ If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

In submitting this application for employment, I understand that the Company may investigate any and/or all information provided by myself or others during the hiring process. I fully understand that no one is guaranteed an interview or consideration beyond the application form.

Any offer of employment is contingent on passing a pre-employment drug screen. By signing this application, I understand that if I am offered employment, I will agree to submit to pre-employment drug screening required by this Company. A refusal to test will disqualify me from further consideration for employment, or reapplying in the future for any position with the Company. A positive test will disqualify me from further consideration; however, I may reapply after six (6) months for available openings for which I am qualified.

My signature below certifies I filled out this application and that all information is true and correct and complete to the best of my knowledge and belief. I understand that providing false statements, answers, any misrepresentation, or any omission of relevant information will result in rejection of application, refusal of employment or possible termination if discovered after date of hire.

I understand that my employment with the Company is on an “at will” (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time. I have read and fully understand, and I agree to the above section.

\_\_\_\_\_  
**Signature of Applicant (mandatory)**

\_\_\_\_\_  
**Date**