

Application for Employment

Wayne Stone Logging, Inc.

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

Applicants Will be Tested for Illegal

Name _____ Date _____

Present Address _____

Soc. Sec. No. _____ - _____ - _____ Telephone _____

Date of Birth _____ Cell Phone _____

Drivers License _____ State _____ Expiration Date _____

Are you a US Citizen? _____ Military Service? _____ Present Service? _____

Position Applied

for: _____

Other positions you are qualified

for: _____

I wish: Full time ____ Part time ____ Desired

Compensation _____

In Case of Emergency

Please Notify: _____ Relationship: _____

Address: _____ Telephone: _____

Education / Experience

Type of School Name of School Years Completed Major or Degree

High School			
College			
Bus. Or Trade School			
Professional School			

Training or experience you may have that is relevant to the position you are seeking.

Have you ever been convicted of a crime? Yes _____ No _____

Employment History (List present or last employer first):

1. Employer _____ Position _____

Address / Phone _____

Supervisors Name _____ From _____ To _____

Duties (be specific) _____

May we contact this employer? Yes _____ No _____

2. Employer _____ Position _____

Address / Phone _____

Supervisors Name _____ From _____ To _____

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Duties (be specific) _____

May we contact this employer? Yes _____ No _____

3. Employer _____ Position _____

Address / Phone _____

Supervisors Name _____ From _____ To _____

Duties (be specific) _____

May we contact this employer? Yes _____ No _____

References: Give the names of 3 persons not related to you.

<u>Name</u>	<u>Address/Phone</u>	<u>Relationship</u>	<u># of Yrs</u>

Will you abide by the safety rules of this company? Yes _____ No _____

I will report any injury which I receive on the job to my supervisor. Yes _____ No _____

CERTIFICATE OF APPLICANT: "My signature below certifies that all information in this application is complete and correct to the best of my knowledge and belief."

SIGN YOUR NAME HERE: _____ Date _____