

Infrastructure Technology Solutions

Application for Employment

This application form is intended for use in evaluating your qualifications for employment. We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical examination by a medical professional designated by the company.

Applicant name: _____ Date: _____
(First) (Middle) (Last)

Position(s) applied for: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that the illegal use of drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

VOLUNTARY EEO IDENTIFICATION FORM

Cascade Lumber Company

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. These pages are separated from your application immediately upon being received and is always kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: _____ Date: _____

Title of job to which you are qualified to apply: _____

Source of referral: (how did you learn of this job) _____

SEX: Male Female

ETHNIC GROUP:

Please check one:

- Hispanic or Latino — all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)
- Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

RACIAL GROUPS: If Non-Hispanic/Latino was selected above, please check one of the race categories below:

- White (not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American (not of Hispanic origin); All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino) — any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino) — all persons 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 (not Hispanic or Latino) — all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more Races (not Hispanic or Latino) — all persons who identify with more than one of the above races.

DECLINE SELF IDENTIFICATION: If you do not wish to self-identify your gender, ethnicity, or race, please check the box below:

- I do not wish to self identify.

Signature: _____

How did you hear of our opening:

- Current Employee Newspaper Ad Recruiter Other — Explain Below:
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VOLUNTARY VETERAN SELF-IDENTIFICATION

Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Provision of the information requested below is voluntary and will be kept confidential by us. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN (check if either or both categories apply to you)

- A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at (a) thirty (30) percent or more, or (b) at ten or twenty (10 or 20) percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap;

Or

- A veteran who was discharged or released from active duty because of a service -connected disability.

VETERAN OF THE VIETNAM-ERA (check if either or both that apply to you)

- A veteran who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred; (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases;

Or

- A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 1975; or (b) between August 6, 1964 and May 7, 1975 in all other cases.

OTHER VETERANS (check if either or both categories apply to you)

- A veteran with active duty service at any point between December 7, 1941 and April 28, 1952;

Or

- A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based any military service during the time of the campaign or expedition. The campaign badges, service medal, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214" if the veteran meets this criterion. For additional help in determining this qualification, please go to:

<http://www.opm.gov/veterans/html/vgmedal2.htm>

List Campaign(s) you served in: _____

DECLINE SELF IDENTIFICATION: If you do not wish to self-identify your veteran status, please check the box below.

- I do not wish to self identify.

Signature: _____

How did you hear of our opening?

- Current Employee Newspaper Ad Recruiter Other — Explain Below:
