

# APPLICATION FOR EMPLOYMENT

## Seneca Sawmill Company

AN EQUAL OPPORTUNITY EMPLOYER

NOTE TO APPLICANT: Please complete this Form fully, honestly and accurately. Thank you.

### PERSONAL DATA

Date of your application \_\_\_\_\_ Date you are available to start work \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Message \_\_\_\_\_

If driving a truck or vehicle is an essential function of the job for which you have applied, please provide your

Driver's License No. \_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are You At Least 18 Years of Age? YES  NO

Are You Legally Eligible to Work in the U.S.A.? YES  NO

Please list any relevant military experience you have: \_\_\_\_\_

### JOB INTEREST

For what job at Seneca are you applying? (Please be specific.) \_\_\_\_\_

Who referred you to Seneca, or what prompted your Application here? \_\_\_\_\_

I am willing to work (Check all that apply): Days  Swing  Graveyard

Are you willing to work occasional overtime? YES  NO

Are you willing to work occasional weekends? YES  NO

Have you ever worked for Seneca before? YES  NO

If YES, please give dates of employment, location, and job title \_\_\_\_\_

Have you ever applied for work with Seneca before? YES  NO

If YES, please give date and job for which you applied \_\_\_\_\_

### EDUCATION AND TRAINING (Please complete for each school attended.)

	SCHOOL NAME/ SCHOOL LOCATION	MAJOR COURSE OF STUDY	WRITE # OF YEARS ATTENDED & YES IF GRADUATED	IF YOU GRADUATED, GIVE DEGREE/CERTIFICATE & DATE (EXCEPT HIGH SCHOOL)
HIGH SCHOOL				
G.E.D. (IF APPLICABLE)				
TRADE SCHOOL				
COLLEGE				
OTHER				

Please list any currently valid and special motor vehicle, operator licenses or trade/craft certifications you hold.

You may comment on any other special qualifications you have related to this job or Seneca.



## JOB-RELATED BACKGROUND

1. Regarding the job for which you have applied, are you familiar with this job and do you understand the basic physical requirements needed to perform it? YES  NO
2. If you answered YES to this question above, please answer this question: Are you physically able to perform this job safely and without a significant risk of substantial harm to yourself or to others? YES  NO

**Special Note/Section to Applicants with a Disability:**

**You may answer "yes" to this question (2) above if you can perform all essential functions of the job with or without reasonable accommodation . The Company will provide reasonable accommodation to a person with a disability.**

**However, you still are not required to identify yourself as a disabled person on this Application Form.**

**If you can perform the essential tasks of the job only with an accommodation, then please respond to this question:**

**How would you perform the tasks, and with what accommodation(s)?**

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3. a) Have you ever been counseled, warned or disciplined for an unsafe work practice or other safety violation in the past year? YES  NO

(Note: A "YES" answer may not necessarily bar you from employment here.)

If YES, please explain \_\_\_\_\_

- b) Have you ever had a "near miss" on the job where you nearly missed being injured or injuring someone else in the past year? YES  NO

(Note: A "YES" answer may not necessarily bar you from employment here.)

If YES, please explain \_\_\_\_\_

4. How many days were you absent from work last year? \_\_\_\_\_

5. Do you ever take any illegal drug [such as (but not limited to) methamphetamine, marijuana, cocaine] without a medical prescription? YES  NO

(Note: A "YES" answer may not necessarily bar you from employment here.)

If YES, please explain \_\_\_\_\_

6. Have you taken any illegal drug during the past year without a medical prescription? YES  NO

(Note: A "YES" answer may not necessarily bar you from employment here.)

If YES, please explain \_\_\_\_\_

7. Have you ever been convicted of a felony (or have you agreed to a court settlement for a lesser crime after having been charged with a felony)? YES  NO

(Note: A "YES" answer may not necessarily bar you from employment here.)

If YES, please give date(s) and type(s) of crime(s). You may provide any explanation you care to give:

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**AGREEMENT AND RELEASE**

***PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING.***

*Please initial each section indicating you have read that section, then please sign this form at the bottom of the page.*

**WITH THIS APPLICATION, BY MY SIGNATURE BELOW, I AGREE TO ALL OF THE FOLLOWING TERMS:**

- 1. I certify that the information I have provided on this Application Form and on my resume (if any) is true to the best of my knowledge.

Regarding this Application, I understand that, if the Company determines that I have made any false statements, answers or any misrepresentation or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment.

Applicant's Initials \_\_\_\_\_

- 2. In the event I undergo a medical examination or evaluation as a part of the job placement process of the Company, I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that, if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or to the physician or to his or her representative, the Company is entitled to terminate my conditional or actual employment at any time.

Applicant's Initials \_\_\_\_\_

- 3. I authorize any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in response to an inquiry by the Company.

I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or to its representative or agent.

Applicant's Initials \_\_\_\_\_

- 4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his or her representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on this Application Form on the date below that no such inquiry be made.

Applicant's Initials \_\_\_\_\_

- 5. I understand that my employment at Seneca 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.

Applicant's Initials \_\_\_\_\_

I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**We appreciate your interest in employment with Seneca.**