



## Application for Employment

Please answer all questions on this application and sign on page 5 and 7.  
**“SEE RESUME” is not a sufficient response to any question.**

First Name	Middle Name	Last Name	Date of Application
Street Address			Cell Phone
City, State, Zip Code			Home Phone
Position Desired	Date Available	Salary Desired	Email Address
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Proof of U.S. citizenship or immigration status will be required upon employment.</b>	

### EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Year	To Mo/Year	
High School Graduation or GED*					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

\*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: \_\_\_\_\_ Name at Time Earned: \_\_\_\_\_

Scholastic Achievements:



**SKILLS AND QUALIFICATIONS**

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

**EMPLOYMENT HISTORY**

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

Present/Most Recent Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Year	To Mo/Year	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving or why you are considering leaving?		\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Year	To Mo/Year	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate		
		Final		
Reason for leaving?		\$	per	



**EMPLOYMENT HISTORY (CONTINUED)**

<b>Next Previous Employer</b>	<b>Telephone</b>	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Year	To Mo/Year	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Rate		
	<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Final		
Reason for leaving?		\$	per	

<b>Next Previous Employer</b>	<b>Telephone</b>	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Year	To Mo/Year	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Rate		
	<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Final		
Reason for leaving?		\$	per	

COMMENTS (including explanation of any gaps in employment):

**REFERENCES**

List three business/work references that are **NOT** related to you. If not applicable, list three schools or personal references that are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?



**PROFESSIONAL LICENSES**

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

**PROFESSIONAL MEMBERSHIPS**

List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, color, or disability).

Organization	Offices Held

**SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS**

Exclude information that would reveal sex, sexual orientation, race, religion, national origin, age, color, or disability.

**OTHER INFORMATION**

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.)  Yes  No  
If checked yes, please explain below.

Are you bound by any non-solicitation/non-compete agreement?  Yes  No

Have you ever interviewed for a job with NewLife Forest Products, LLC or any of its subsidiaries?  Yes  No  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by NewLife Forest Products, LLC or any of its subsidiaries?  Yes  No  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Are any relatives or friends currently employed at NewLife Forest Products, LLC or any of its subsidiaries?  Yes  No  
Name of employee(s) \_\_\_\_\_ Business unit where employed \_\_\_\_\_

What prompted your application to NewLife Forest Products, LLC or any of its subsidiaries? Ad \_\_\_\_\_ Friend \_\_\_\_\_  
(Please indicate name of ad/friend) \_\_\_\_\_ NewLife Forest Products, LLC Employee \_\_\_\_\_ Other \_\_\_\_\_



**EMERGENCY REFERENCES**

List three references that will be contacted in case of an emergency. This section is optional but we highly encourage you to provide at least one contact for future safety and care.

Name	Cell Phone	Home Phone	Specify relation or other information

**PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.**

**PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES DEPARTMENT BEFORE SIGNING.**

I understand that employment by NewLife Forest Products, LLC and any of its companies ("NewLife Forest Products, LLC Advisors") is "at will." This means that the employment relationship can be ended by me or by NewLife Forest Products, LLC at any time for any reason with or without advanced notice and with or without cause. It also means that NewLife Forest Products, LLC may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon NewLife Forest Products, LLC to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of NewLife Forest Products, LLC, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by NewLife Forest Products, LLC, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

**I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.



## Employment History (Continuation Page)

Last Name	First	MI	Date of Application
Please place a number in the upper left-hand parentheses to designate the next previous employer, as continued from page 3 of the Employment Application, if this is your first continuation sheet, then number is 5.			
<b>Next Previous Employer</b>		<b>Telephone</b>	<b>Dates Employed</b>
			From      To Mo/Year   Mo/Year
		Summarize the nature of the work performed and job responsibilities.	
Address			
Job Title		Hourly Rate/Salary	
		Starting	
Immediate Supervisor and Title		\$	per
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Rate/Salary	
	<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Final	
Reason for leaving?		\$	per
<b>Next Previous Employer</b>		<b>Telephone</b>	<b>Dates Employed</b>
			From      To Mo/Year   Mo/Year
		Summarize the nature of the work performed and job responsibilities.	
Address			
Job Title		Hourly Rate/Salary	
		Starting	
Immediate Supervisor and Title		\$	per
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hourly Rate	
	<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Final	
Reason for leaving?		\$	per



## Investigation Authorization

By signing below, I hereby authorize NewLife Forest Products, LLC to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by NewLife Forest Products, LLC, I hereby authorize NewLife Forest Products, LLC to answer any inquiries regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request NewLife Forest Products, LLC to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the Human Resources Department within a reasonable time after you have completed and signed this authorization).

In exchange for being considered for employment, I hereby release NewLife Forest Products, LLC, its employees and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to NewLife Forest Products, LLC, from any liability arising from disclosure of such information that is obtained during said investigation.

**I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.