



# Oregon Overseas Timber Co. Inc.

P.O. Box 1701, 87680 Kehl Lane, Bandon OR 97411-1701 U.S.A.  
Phone: (541) 347-4419 Fax: (541) 347-2113 info@ootci.com

## EMPLOYMENT APPLICATION (Equal Opportunity Employer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

If Employed and Under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by OOT before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, may we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of current employer: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Work Desired: \_\_\_\_\_

Do you have a valid Oregon Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give license number: \_\_\_\_\_ Expires: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you available to work \_\_\_\_\_ Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Overtime?

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Please note that a "Yes" answer will not restrict you from consideration for employment.)

If Yes, please explain: \_\_\_\_\_

*Oregon Overseas Timber is an equal opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected*

*status in accordance with all applicable federal and state equal employment opportunity laws.*

**Education or Training**

Please indicate your education, work experience or other background information which is relevant to the job for which you are applying.

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**Special Skills**

Please indicate if you have any skills or experience operating or maintaining plant equipment or machines. If a license or certification is required, please provide details on your license or certification.

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**Work Experience**

Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.

**Name and Address of Employer**

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Name of Last Supervisor \_\_\_\_\_  
Employment dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Pay or Salary Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last Job Title: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**Name and Address of Employer**

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**References**

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job related references are preferable.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_Yes \_\_\_\_\_No

**Certification**

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named to provide information regarding my employment, education, character, and qualifications, and release each employer, school or person from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment may be terminated with or without cause at the option of either the company or myself.

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Applicant's Signature

Date