



Employment Application



LC Staffing is the designated hiring agent for Thompson River Lumber Co.

241 Airport Road, PO Box 279
Thompson Falls, MT 59873

Phone: 406-827-4311
Fax: 406-827-5506

PERSONAL

OFFICE USE ONLY: Date Turned in _____ FIRST REVIEW DEPARTMENT REVIEW

Have you ever applied at Thompson River Lumber Co before?

Social Security Number

Today's Date

State age if under age 18

First Name

Middle Name

Last Name

Nickname

Physical Address

Mailing Address (if different)

City

State

Zip Code

Home Phone

Cell Phone

Would you be interested in receiving job information via text message?
(Normal text plan rates apply) No Yes If yes, indicate **cell carrier**:

Other Phone

Email Address

GENERAL INFORMATION

Position desired with our Company: _____

What is your lifting capacity? 10 lbs. 25 lbs. 50 lbs. 80 lbs. 100+lbs.

Driver's License Number

State

Class

Type

Exp. Date

Endorsements: HazMat Tanker Doubles Triples

Auto Liability Insurance?

Driving Record for last 3 years?

of Tickets

of Accidents

Yes No

What is the availability of your transportation?

Own car Bus Other _____

Are you willing to take a drug test?

Yes No

Any history of legal convictions? (A "yes" answer will not disqualify you from consideration).

Yes No If yes, give date (s), state(s) and nature of crime(s):

Have you ever been bonded?

Yes No

Date

Details

AVAILABILITY

First Date Available

Last Date Available (if applicable)

Number of hours preferred per week

Minimum Wage Required (per hour)

How many miles are you willing to travel for a position?

Are you willing to work overtime?

Yes No

How much notice do you require before accepting a position?

Same Day One Day Two Days One Week Two Weeks One Month

I am available the following shift(s): Day shift Swing shift Night shift Available Any shift

Monday

Tuesday

Wednesday

Thursday

Friday Saturday

Sunday

EDUCATION

Circle the highest grade completed

HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4 5 6 7

Name of High School

City / State / Zip

Did you Graduate? Yes No

COLLEGE OR TECHNICAL SCHOOL

Name of Institution	City / State / Zip	Degree Type
Major / Study	Dates Attended From: _____ To: _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PROFESSIONAL ACHIEVEMENTS

Type:	Identification of Special Achievement:
Licenses:	Certificates:

US MILITARY SERVICE

Date Entered	Date Separated	Occupation
Branch of Service	Rank	Type of Discharge

PAST EMPLOYER #1 (please start with most recent)

Company Name	City / State / Zip	Phone Number		
Job Title	Starting Date (mo/yr)	Ending Date (mo/yr)	Start Pay	End Pay
Did you work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Description			
Supervisor Name	Reason for Leaving			

PAST EMPLOYER #2

Company Name	City / State / Zip	Phone Number		
Job Title	Starting Date (mo/yr)	Ending Date (mo/yr)	Start Pay	End Pay
Did you work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Description			
Supervisor Name	Reason for Leaving			

PAST EMPLOYER #3

Company Name	City / State / Zip	Phone Number		
Job Title	Starting Date (mo/yr)	Ending Date (mo/yr)	Start Pay	End Pay
Did you work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Description			
Supervisor Name	Reason for Leaving			

PLEASE REVIEW THIS INFORMATION AND MAKE SURE THAT YOU ANSWERED EACH ITEM. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

I authorize investigation of all statements contained in this application. Further, I authorize Thompson River Lumber company or its designated agents to provide a copy of my application to clients for employment consideration. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. If offered employment, I am willing to take a physical examination and authorize the doctor or doctors involved to disclose to the prospective employer the results of that examination. If employed, I agree to conform to the rules of this company and hereby acknowledge that my employment with the company can be terminated at any time, without cause, at the option of either myself or the company.

Applicant Signature _____

Date _____

In case of emergency, notify _____

Phone _____



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APPLICANT REFERENCE RELEASE

APPLICANT NAME _____ SSN _____

Please list the 2 most recent employers **WHOM WE WILL BE ABLE TO CONTACT**. Thompson River Lumber Co. or it's designated agent **MUST** obtain 2 favorable references on an applicant before being considered for employment.

COMPANY NAME _____

SUPERVISOR _____

CITY AND STATE _____

PHONE (MANDATORY) _____

YOUR POSITION _____ DATES: FROM _____ TO _____

.....
COMPANY NAME _____

SUPERVISOR _____

CITY AND STATE _____

PHONE (MANDATORY) _____

YOUR POSITION _____ DATES: FROM _____ TO _____

IF YOU WERE EMPLOYED BY A COMPANY THAT WILL NOT GIVE A REFERENCE, YOU MUST PROVIDE A LETTER OF RECOMMENDATION.

I understand that Thompson River Lumber Co. or its designated agent will investigate my work and personal history and may verify any information given on my application. I authorize such investigation and release from all liability any persons giving or receiving information.

SIGNATURE _____

DATE _____

MAIDEN / OTHER NAMES USED _____



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AUTHORIZATION TO RELEASE BACKGROUND INFORMATION

I, the undersigned applicant, am hereby notified that Thompson River Lumber Co or its designated agent may obtain background information for employment purposes. Such reports may include history of criminal convictions, employment, credit, education, and driving records. This is not an all-inclusive list. The background investigation reports may come from investigative consumer repositories and/or parties from former employers, law enforcement agencies, state agencies, institutions and private information bureaus and repositories.

As an applicant for employment with Thompson River Lumber Co., I am required to undergo a background investigation for use in determining my qualifications and suitability for employment. I understand that Thompson River Lumber Co. will investigate my employment and personal history and may verify any information provided on my application. I understand that Thompson River Lumber Co. will not release information provided to them to any person, including myself. The information submitted to Thompson River Lumber Co. is confidential and will be used only for the purpose of determining my suitability for employment.

I, the undersigned, authorize Thompson River Lumber Co. or its designated agents to obtain background information for employment purposes at this time or anytime during my employment with Thompson River Lumber Co., that may include history of employment, credit, education, driving records, and all criminal records on file in the counties in the State of Montana or any other State. I authorize without reservation any party contacted (including, but not limited to, former employers, law enforcement agencies, state agencies, institutions and private information bureaus and repositories) to provide information and release to Thompson River Lumber Co. and its designated agents from any and all liability and damages arising from investigation and disclosure of the requested information including information of a confidential or privileged nature.

Applicant's Signature

Print Name

Driver's License Number

Social Security Number

Address, City, State, Zip (physical address, no PO Box please)

Date of Birth

Today's Date



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WORKPLACE DRUG & ALCOHOL POLICY
Consent and Release Form

I hereby certify that I have received a copy of Thompson River Lumber Co.'s (TRL's) Workplace Drug and Alcohol Policy (Policy). I have read the Policy in its entirety. I acknowledge its contents and agree to comply with the Policy as a condition of employment and continued employment at TRL. I understand and agree to pre-employment testing and post employment testing as outlined in this Policy, including post accident, reasonable suspicion and random testing, which may be conducted to determine presence of alcohol and/or drugs, including, without limitation, Marijuana, Cocaine, Opiates, Phencyclidine (PCP) and Amphetamines or metabolite of those drugs in my system under the National Institute for Drug Abuse (NIDA) guidelines.

I hereby authorize and give permission to any physician, laboratory, hospital, or collection facility retained by TRL for screening purposes to collect oral, urine, and/or breathe specimens and conduct screening for the presence of illegal drugs and/or alcohol in accordance with 49 CFR Part 40 regulations. I give my consent to release to TRL, its designated agents, and/or Medical Review Officer, the results of any tests or medical procedures to determine the presence and/or level of drugs and/or alcohol in my body. I further authorize the facility to provide the results to TRL and I voluntarily, knowingly and unconditionally release any named or unnamed parties, TRL, its collection site, the laboratory screening services, Medical Review Officer from any and all liability, action, or claim which might arise or result from the tests for drugs and/or alcohol, the use of test results, or the disclosure of the test results.

I understand that I may refuse to take a drug and/or alcohol test, but that if I do so, TRL may in its sole discretion, deny me employment or terminate my employment immediately for such refusal. Additionally, TRL may also in its sole discretion deny me employment or terminate my employment immediately if the confirmed results of any such test for drugs or alcohol are positive as outlined in the Policy.

A photographic or faxed copy of this consent form shall be valid as an original.

Employee Signature Date

(Minor) Parent/Guardian Signature Consent Date

Witness Signature Date



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INVITATION TO SELF-IDENTITY

We request your VOLUNTARY COOPERATION in answering the following Affirmative Action Information questions. We are requesting this information in order to comply with federal government recordkeeping, reporting, and other legal requirements. Applicants and employees who wish to benefit under the Affirmative Action Program of LC Staffing Service are invited to identify themselves. This information is voluntarily provided and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program. This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with the Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. This order also requires government contractors to take affirmative action to ensure that applicants are employed, and those employees are treated during employment, without regards to their race, color, religion, sex, or national origin. Information you provide below will be kept confidential, except those government officials engaged in enforcing laws administered by OFCCP may be informed. The information provided will be used only in ways that are not inconsistent with Executive Order 11246, as amended. I Identify Myself As:

Special Disabled Veteran

D YES D NO

- 1) 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 Veterans Administration for a disability: (A) rated 30% or more, or (B) rated at a 10% or 20% in cases of a veteran who has been determined under Sect. 1506 of Title 38 USC to have a serious employment handicap.
- 2) A person who was discharged or released from active duty because of service-connected disability.

Veteran of the Vietnam ERA

O YES O NO

A veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability. No veteran may be considered to be a veteran of the Vietnam ERA under this paragraph after December 31, 1994.

Handicapped / Disabled

O YES O NO

Any person who (1) has physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purpose of this part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap or disability.

What is your gender?

D Male D Female

What is your race/ethnicity?

You may mark **ONLY ONE** box.

- Hispanic/ Latino**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race
- White** (not Hispanic or Latino)
- American Indian or Alaskan Native** (not Hispanic or Latino)
- Black or African American** (not Hispanic or Latino)
- Asian** (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander** (not Hispanic or Latino)
- Two or more races** (not Hispanic or Latino): all persons who identify with more than one of the above races
- I choose not to disclose this information

Applicant Name

Applicant Signature

Date



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To better understand your interests for employment at Thompson River Lumber please answer the following questions to the best of your ability.

1. What job are you applying for at Thompson River Lumber?

2. Have you ever worked in a Sawmill, Planer mill or any other timber products manufacturing facility? Yes / No (please Circle one)

If you answered yes please fill out A-D below

A. What job(S) did you perform

B. How Long? _____

C. What Company? _____

D. Why did you leave? _____

3. Have you ever worked in any other manufacturing environment? Yes/no please explain.

4. Are you looking for long term employment?

5. Please list labor related jobs you have had.

6. Please list any characteristics that you feel would be beneficial to Thompson River Lumber Co. if you were to become part of our team.



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Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Other Names Used: _____

Social Security Number: _____

Drivers License Number: _____ State of Issue: _____

Expiration Date: _____ License Status Valid Suspended Revoked

Names as it appears on License: _____

Do you have a valid Government issued identification, such as a Passport? Yes NO

If you do not have a Driver's License, Please provide another form of identification
(List form of identification, names as it appears on form of identification, and any identification number)

In the section below, include your home address(es) for the past 7 years.

Present Address

Street

City State Postal Code

Previous Address

Street

City State Postal Code

Previous Address

Street

City State Postal Code

Previous Address

Street

City State Postal Code



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Candidate Disclosure / Authorization Regarding Procurement of Consumer Reports

Thompson River Lumber Co or it’s designated agents may order a consumer report and/or investigative consumer report ("background check report") on you in connection with your application for employment, or if you are already hired or work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare the report is STERLING TALENT SOLUTIONS,. 1 State Street Plaza, 24th Floor, New York, NY 1004 (800)899-2272. In the event that information from the background check report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. A document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act" is available to you via our website at <http://www.lcstaffing.com/files/2013/01/A-Summary-of-Your-Rights-Under-FCRA.pdf>for in printed form, per your request.

In connection with my suitability for employment with Thompson River Lumber and/ or LC Staffing Service (the "Company"), I authorize the Company to request a consumer and/or investigative consumer report on me for employment purposes from STERLING TALENT SOLUTIONS. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers compensation records after a conditional offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the Company and STERLING TALENT SOLUTIONS, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize the Company to share information only with parties in interest who have "need to know" (as essential to a job offer) such information found in its investigations to any party other than the Company ("Company").

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any background check report of which I am the subject upon my written request to STERLING TALENT SOLUTIONS. I also understand that I may receive a written summary of my rights under 15 U.S.C. & 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with the Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information. I understand that before I am denied employment or the continuation of employment is denied based, in whole or in part, on information obtained in the background check report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

By my signature below, I hereby authorize the Company and STERLING TALENT SOLUTIONS or other reporting agency as determined by Company to order consumer and/or investigative consumer reports including, but not limited to, the following information: social security number validation, criminal, public, educational and, as appropriate, driving records; employment history, references and earnings; military service; credit reports, licensing and certification checks, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency below and its agents.

I agree that a facsimile or photocopy of this form is valid just like the original form.

This report will be processed by: STERLING TALENT SOLUTIONS, 1 State Street Plaza, 24th Floor, New York, NY 1004 (800)899-2272

Signature

Date

Printed Name