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EMPLOYMENT APPLICATION

1. Please read the "APPLICANT NOTE".
2. Complete all pages of this form.
3. If more space is needed to complete any question, use the comments section in the back.
4. Print clearly; incomplete or illegible applications will not be processed.

Today's date: _____ Position you are applying for: _____

Name (Last, First, M.I.): _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Prior Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

APPLICANT NOTE:

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. Any false information, omissions or misrepresentation of the facts in this application may result in the rejection of this application or termination at any time during employment. All qualified applicants will receive consideration without discrimination because of race, color, national origin, religion, gender, sexual orientation, gender identity, disability, age, or veteran status. Affirmative action hiring may be requested by qualified applicants. Additional testing for job-related skills and for the illegal drug use may be required prior to employment. After an employment offer and prior to reporting to work, depending on the company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company.

As part of our hiring process, we do call on both employment references and personal references. It is up to the applicant to make it very clear to the company if you wish to not have any of those references contacted. By each past employer there is a question asking if the company may contact, please choose accordingly. Choosing "No" will not result in any adverse treatment, however you may be ask to explain.

WORK SCHEDULE AVAILABILITY

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary On-call / Labor pool

For which schedules are you available? Weekdays Weekends Overtime
 Evenings Nights

AGE

Are you at least 18 years old? Yes No
(18 is the minimum age for many of our forestry and machinery positions.)

EDUCATION

Do you have a high school diploma or a GED certificate? Yes No

	Name	City / State	Dates	Did you graduate?
High School				
College				
Other				

SECURITY & SKILLS

If the job requires, do you have the appropriate, valid driver's license? Yes No

Driver's License #: _____ State: _____ Expiration: _____

Do you have any moving violations? Yes No

If yes, please describe: _____

List all states and counties in which you resided during the past 7 years:

List any languages you speak and your level of fluency:

List any other skills, licenses, or certifications that may or may not be job-related:

EMPLOYMENT REFERENCES:

Your application will not be considered unless every question in this section is completed. We will make every effort to contact previous employers regarding work performance. Correct telephone numbers of past employers are critical.

Most Recent Employer:

Are you currently working for this employer? Yes No If yes, may we contact them? Yes No

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone #: _____

Job Title: _____

Dates employed: From: _____ To: _____

Job Duties: _____

Reason for leaving: _____

Second Most Recent Employer:

May we contact this employer? Yes No

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone #: _____

Job Title: _____

Dates employed: From: _____ To: _____

Job Duties: _____

Reason for leaving: _____

Third Most Recent Employer:

May we contact this employer? Yes No

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone #: _____

Job Title: _____

Dates employed: From: _____ To: _____

Job Duties: _____

Reason for leaving: _____

PERSONAL REFERENCES

Please include individuals who are familiar with your work ability. Do not include relatives.

Name	Address	Phone	Years known	Relationship

ADDITIONAL COMMENTS

You may use an additional page if necessary.

CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant note on page 1 of this form and that the answers and statements I have given in this application are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts in this application may result in the rejection of my application or termination at any time during employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, employment history and motor vehicle driving records. I authorize all individuals, schools, companies and law enforcement authorities to release any factual, accurate and truthful information concerning my background and hereby release any said individuals, schools, companies and law enforcement authorities from any liability for any damage whatsoever resulting from issuing such information.

I understand that the use of illegal drugs is prohibited during employment with the company. 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 agree to conform to all existing and future company policies and rules and I understand that such policies and rules may be changed, interpreted, withdrawn or added to as the company deems appropriate. I also understand that the company reserves the right to change wages, hours and working conditions as deemed necessary.

I understand that in order for the company to comply with federal immigration laws, I will be required to furnish proof of U.S. citizenship or proof that I am authorized to work legally in the United States on the first day of employment if I am hired by the company.

Signature: _____ Date: _____

Pre-Offer Form—Invitation to Self-Identify (For Federal Contractors)

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to employ and promote protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate boxes below and return to Miller Timber Services, Inc. as soon as possible. Thank you!

Print name: _____ Job applied for: _____

What is your gender? **Male**
 Female

Are you Hispanic? **Yes.** Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question.
 No. Continue to the next question.

What is your race?

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian: A person 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: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.

Two or More Races: All persons who identify with more than one of the above five races.

Are you a protected veteran? **Yes.** Includes: **Disabled veteran** (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), **Active duty wartime or campaign badge veteran** (veteran who served on active duty in the U.S. military, ground, naval or air service during a *period of war* [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] or *in a campaign or expedition* for which a campaign badge has been authorized under the laws administered by the Department of Defense), **Armed Forces Service Medal veteran** (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or **Recently separated veteran** (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service).

No.

Sign here Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____