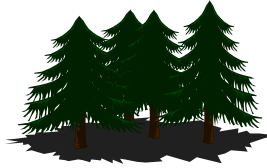


# BROWN BROTHERS CONSTRUCTION CO. INC.



P.O. Box 125  
1075 Cherry Lane  
Emmett, Idaho 83617

Phone: (208) 365-3905 - Fax: (208) 365-5399

AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT AND PERSONNEL RECORD

TODAY'S DATE: \_\_\_\_\_

First Name	Middle	Last Name	Date Of Birth	
Street Address	City	County	State	Zip
TELEPHONE WHERE YOU MAY BE CONTACTED			SOC. SEC. NO.	
Residence:	Business:	Expiration Date		State:

POSITION APPLYING FOR \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Faller             | <input type="checkbox"/> Skidder Operator | <input type="checkbox"/> Loader Operator   | <input type="checkbox"/> Log Truck Driver |
| <input type="checkbox"/> Cat Skinner        | <input type="checkbox"/> Yarder Engineer  | <input type="checkbox"/> Hooker            | <input type="checkbox"/> Knotbumper       |
| <input type="checkbox"/> Processor Operator | <input type="checkbox"/> Feller - Buncher | <input type="checkbox"/> Delimber Operator |   |

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

I WISH:  FULL TIME WORK  PART TIME WORK

I CAN BEGIN WORK ON: \_\_\_\_\_ IF NECESSARY, I AM ABLE TO MOVE TO ANOTHER LOCATION:  YES  NO

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**CITIZENSHIP:** Under the immigration Reform and Control Act of 1986, all persons hired in the United States must provide documentation confirming identity and employment eligibility.

Will you be able to provide identity and U.S. citizenship or an alien registration and visa permitting work in the country if hired?  YES  NO

**U.S. MILITARY SERVICE:** Date entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Rank/Grade at Separation \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Military Occupation \_\_\_\_\_

How many days of work have you missed in the past five years: \_\_\_\_\_ Explanation: sick, etc. \_\_\_\_\_

### EDUCATIONAL AND TRAINING BACKGROUND:

- Circle the highest grade completed: Grade 1 2 3 4 5 6 7 8 High School 1 2 3 College 1 2 3 4 5
- Name of High School: \_\_\_\_\_ Did you graduate?  Yes  No  
Name of College: \_\_\_\_\_ Did you graduate?  Yes  No  
College Major: \_\_\_\_\_ College Minor (s) \_\_\_\_\_
- Apprentice or trade school training: \_\_\_\_\_  
Years / Months \_\_\_\_\_ Year Completed \_\_\_\_\_ Subject \_\_\_\_\_ School or Company \_\_\_\_\_
- Correspondence Training: \_\_\_\_\_  
Years / Months \_\_\_\_\_ Year Completed \_\_\_\_\_ Subject \_\_\_\_\_ School \_\_\_\_\_
- Armed Forces or other training: \_\_\_\_\_  
Years / Months \_\_\_\_\_ Year Completed \_\_\_\_\_ Subject \_\_\_\_\_
- First Aid Certificates:  
(A) Cardiopulmonary Resuscitation: (CPR) Date on Card \_\_\_\_\_ (B) Standard First Aid Training: Date on Card \_\_\_\_\_  
(C) Emergency Medical Technician: (EMT) Date on Card \_\_\_\_\_ **DATES VERIFIED BY:** \_\_\_\_\_
- Logging Industry Training: \_\_\_\_\_  
Where \_\_\_\_\_ Dates \_\_\_\_\_ Any Certification? \_\_\_\_\_

**EMPLOYMENT HISTORY** (List Present or Last Employer First)

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Position / Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Duties (Be Specific) \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ May we contact this Employer?  Yes  No

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2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Position / Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Duties (Be Specific) \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ May we contact this Employer?  Yes  No

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3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Position / Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Duties (Be Specific) \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ May we contact this Employer?  Yes  No

**REFERENCES** (Give Below The Names Of 3 Persons Not Related To You)

Name	Address / Phone	Business	Years Acquainted

Will You Abide By The Safety Rules Of This Company?  
 Yes  No

I Will Report Any Injury Which I Receive On The Job To My Supervisor  
 Yes  No

**CERTIFICATE OF APPLICANT:** "My signature below certifies that all information in this application is complete and correct to the best of my knowledge and belief"

**SIGN YOUR NAME HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_



