

3 B's FORESTRY, INC.

FARM/FOREST LABOR

527 Putnam Street

Medford, OR 97501

Blanca Escobedo, President

Otilio Escobedo, Vice-President

(541) 770-5210

Date: _____

Name: _____
(how it appears on your social security card)

Telephone: _____ Social Security: _____

Present Address: _____
(# street) (city) (state) (zip code)

Permanent Address: _____
(if different from above)

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Have you applied for work with 3 B's FORESTRY, INC. before? _____

If you answered yes, when? _____

How many years experience do you have? _____

Past Experience _____

Are you at least 18 years of age? Yes No

If you are hired, are you able to provide documentation of your citizenship or work permit while in the United States? Yes No

Do you have any limitations that may interfere with your ability to perform well at the position you are applying for?

Yes No

If you answered yes, explain your limitations. _____

Have you obtained any special skills from military service?

Yes No

If you answered yes, explain: _____

In the event of an emergency contact _____

STATE CONTRACTORS LIC. #11562 & 11563

Form E-1 (Rev. 03/14/08) Page 1

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NOTE

FOR ALL OF 3 B's FORESTRY, INC. EMPLOYEES

3 B's FORESTRY, INC. is committed to having a drug and alcohol free working facility.

It is prohibited that any employee be involved with the manufacturing, distribution, possession, or use of any illegal substances.

Any employee that violates the above stated rule can be subject to termination of employment. We will take action on such a violation.

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AS A PREREQUISITE FOR EMPLOYMENT WITH THIS COMPANY ALL EMPLOYEES MUST:

1. Abide by the terms set above.
2. Notify us in writing, if they have any violation that is drug related, that has occurred in the work place. This must be done within 5 days of the occurrence.

ANY EMPLOYEE THAT VIOLATES THIS STIPULATION AND COMMITS A VIOLATION RELATED WITH DRUGS OR ALCOHO IN THE WORK PLACE WILL BE SUBJECT TO:

1. Any necessary means, including the termination of employment
2. Participate in a rehabilitation program. The program must be approved by a federal, state, local health department agency or any other appropriate agency.

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I HAVE READ AND UNDERSTAND THE ABOVE STATED EXPECTATIONS TO KEEP OUR PLACE OF WORK FREE OF ALCOHOL AND ILLEGAL SUBSTANCES (DRUGS).

SIGNATURE

DATE