

# B&M Logging Inc.

281 HAMILTON RD. N  
CHEHALIS, WA 98532  
O: 360-748-6904 F: 360-266-0246

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Are you over 18?** Y N

Emergency Contact: \_\_\_\_\_  
*Name Relationship Number*

Position Applying for: \_\_\_\_\_

Have you ever had the following? (Circle one)

Back Injury: Y N Heart Trouble: Y N Drug or Alcohol Abuse: Y N Fainting or Dizziness: Y N

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Y N

# ***Equal Employment Opportunity (EEO)***

## ***Self-Identification Form (completion of this form is voluntary)***

B & M Logging, Inc. is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

***Race and Ethnic Identification:***      ***Gender:***  Female       Male

**Hispanic or Latino**

*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

**White (Not Hispanic or Latino)**

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

**Black or African American (Not Hispanic or Latino)**

*A person having origins in any of the Black racial groups of Africa.*

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

**Asian (Not Hispanic or Latino)**

*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 Alaska Native (Not Hispanic or Latino)**

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

**Two or More Races (Not Hispanic or Latino)**

*All persons who identify with more than one of the above five races.*

**Vet.**     **Disabled**       **Vietnam Era**       **Other Eligible**

**Armed Forces Service Medal**       **Recently Separated**

**I do not wish to provide this information.**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_