

COLUMBIA RIVER LOG SCALING & GRADING BUREAU

MAILING ADDRESS ● P.O. BOX 7002 ● SPRINGFIELD, OR 97475-0001

OFFICE LOCATION ● 2896 CRESCENT AVENUE ● SUITE 103 ● EUGENE, OR 97408-7422

541-342-6007 ● E-MAIL: services@crls.com

Education

	<u>Institution</u>	<u># Years</u>	<u>Diploma/Degree</u>	<u>Course/Study</u>
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____

Describe Specialized Training, Apprenticeships, Skills & Extra-Curricular Activities.

Work History

Please provide accurate complete full and part time employment record. Start with present or most recent employer.

Employer _____

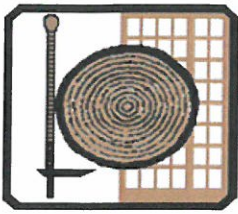
Address _____

Telephone _____ Supervisor _____

Employed from _____ thru _____

Job Title _____ May we contact this employer? Yes No

Reason for leaving _____



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Work History Continued

Employer _____

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Telephone _____ Supervisor _____

Employed from _____ thru _____

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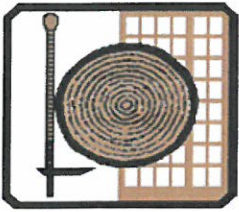
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Applicants Statement & Consent to Drug and Alcohol Testing

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that my employment will be subject to a comprehensive physical examination and to satisfactory demonstrate that I am physically capable of performing the required work efficiently and without a probability of injury to others or myself. For that purpose I hereby authorize the examining physician and any hospital who has attended me or examined me in the past to disclose any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

In consideration for my being considered for employment by Columbia River Log Scaling Bureau, I hereby give my consent to and authorize Cascade Health Solutions to perform a urinalysis test for the purpose of detecting the presence of drugs or alcohol in my system.

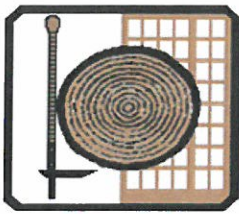
I understand I must also authorize in writing the release of my test results to Columbia River Log Scaling Bureau (including information obtained in the course of the testing process) for the purpose of and to the extent necessary to determine my eligibility for employment. I understand that if I refuse to authorize the release of the test results, I will be deemed to have refused to test and to have withdrawn my application for employment. To the extent allowed under state and federal law, I release and agree to hold harmless Columbia River Log Scaling Bureau from any liability for the testing process or use of the test results.

If I have a valid medical reason for a positive drug test, I understand that I may voluntarily provide information to the collection site personnel, laboratory personnel or medical review officer (for example, the names of authorized prescription drugs I am taking) to justify the positive test. I understand that the laboratory personnel or medical review officer has complete discretion to determine whether my medical reason is valid.

My refusal to sign this consent and release form will act as a withdrawal of my application for employment. I understand that Columbia River Log Scaling Bureau will not consider me for employment for six months if my test is confirmed positive, but after that time has passed, I may apply again for advertised open positions and will be considered accordingly.

I understand that I will be permanently barred from future employment with Columbia River Log Scaling Bureau if I tamper with or adulterate my sample.

This consent is valid for the duration of my employment unless I revoke it in writing. A copy of this consent form shall be valid as an original. I acknowledge I have received a copy.



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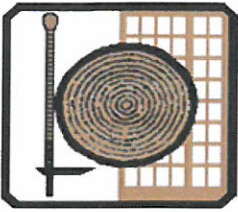
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all bylaws, rules and regulations of the employer.

Applicant's Name (Please Print)

Applicant's Signature

Date



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Disclosure and Authorization for Consumer Report

Important Disclosure

Please be aware that our company intends to investigate your background for employment purposes. As required by the federal **Fair Credit Reporting Act**, as amended, this notice is to inform you that we plan to request one or more "consumer reports." A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on an individual's character, general reputation, personal characteristics or mode of living. For example, this might include driving records, court records, employment history or other information.

If you become or are already employed by our company, then this notice and authorization will be kept on file throughout your employment, in case we need to request additional consumer reports.

Important Authorization

I authorize the company to obtain one or more consumer reports on me for employment purposes under the Fair Credit Reporting Act. I understand that if I am hired or if I am already employed by the company, then this written authorization is valid throughout my employment.

If I wish to rescind this authorization in the future, I will notify Angie Bynum, Office Coordinator in writing. I understand that rescinding this authorization will only stop future requests for consumer reports – in other words, it will not affect requests for a consumer report that the company has already made. I understand that if I have any questions or concerns about the company's request for consumer reports, I may talk with Angie Bynum.

Signed: _____

Date: _____