

Trinity River Lumber Company



Employment Application. An Equal Opportunity Employer.

Trinity River Lumber Company is committed to promoting the safety and health of its employees.

All applicants who are being considered for employment will be required to submit to a pre-employment drug test.

Trinity River Lumber Company has zero tolerance and is a drug and alcohol free work environment.

Position applying for:					
Personal Information					
Last Name:		First Name:		Middle Name:	
Primary Phone:		Secondary Phone:		Email:	
Mailing Address:		City:		State:	Zip:
What days and hours are you available for work?					
Available for any shift?	Yes:	No:	Available to work weekends?	Yes:	No:
Are you over 18 years of age? <small>Employment consideration is subject to verification that you are of minimum legal age.</small>				Yes:	No:
Have you worked for Trinity River Lumber Company before?			Yes:	No:	Dates:
Are you related to anyone employed by Trinity River Lumber Company?				Yes:	No:
Name and Relation:					
Education					
High School :		Location of High School:			
Graduated:	Yes:	No:	GED:	Yes:	No:
College or University:		Course of study:		Degree or Certificate:	
Business or Trade School:		Course of study:		Certificate or License :	
Special Skills, Professional Licenses, Certificates:			Issued by:		Expiration Date:

Work/Employment History

List below all full-time and part-time employment, listing each job separately. Start with your most current employer. Account for all periods of employment. You must complete this section, do not write, see attached.

Current or Most Recent Employer:**May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Performed: _____			
Reason for Leaving:			

Previous Employment:**May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Performed: _____			
Reason for Leaving:			

Previous Employment:**May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Performed: _____			
Reason for Leaving:			

Previous Employment:**May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Performed: _____			
Reason for Leaving:			

Previous Employment:**May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Performed: _____			
Reason for Leaving:			

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact(s) will cause forfeiture on my part of all rights of employment with Trinity River Lumber Company. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination and drug screen by a physician designated by the company as a condition of employment. I must conform to the company's rules and regulations and understand that if offered employment, it is "at will" thus the company retains the right to end employment at any time.

Signature: _____

Date: _____



POST OFFICE BOX 249, WEAVERVILLE, CALIFORNIA 96093 530-623-5561
FAX 530-623-3889

Employee Race/Ethnicity Questionnaire

All new/hired employees are requested to voluntarily self-identify their race/ethnicity and gender in order to monitor and evaluate the provision of equal employment Opportunity and non-discriminatory employment practices. Complete the form promptly and return it to Human Resources.

NOTE: If you choose not to identify, the department is required to visually identify under federal law.

Employee Name: _____

Gender : Male _____ Female _____

Date of Hire: _____

Race and Ethnicity

Please check one box that best describes your race or ethnicity.

Black or African American

White or Caucasian

Asian

Multiple Races (Non-Hispanic or Latino)

**American Indian or Alaska
Native**

Pacific Islander

Hispanic or Latino

I choose not to identify. I understand that I must be visually identified under Federal law.

1. If you identify with more than one race that is non-Hispanic or Latino, select Multiple Races.
2. If you identify with more than one Asian ethnicity, select Multiple Asian.
3. If you identify with more than one Pacific Islander ethnicity, select Multiple Pacific Islander.

Employee Signature: _____ Date: _____

Privacy Notice on Information Collection

Trinity River Lumber Company is committed to maintaining the privacy of your personal information. All information we collect is governed by the State of California Information Practices Act of 1977 (Civ. Code, 1798-1798.78) Government Code section 11015.5, Government Code section 11019.9 and the California Public Records Act (Gov. Code 6250-6270.5)

Legal authority for collection and use of information

Trinity River Lumber Company is requesting the information specified on this form pursuant to Government Code Section 19704, subdivision (b).

The information collected will be used for statistical analysis as required under Government Code sections 19792 subdivisions (h) and (i). In addition, under Public Law 88-352, Title VII of the Civil Rights Act of 1964, all state and local governments are required to maintain records and submit a report to the Equal Opportunity Commission. This information is required to comply with the Office of Management and Budget's (OMB), Revisions to the Standards for Classification of Federal Data on Race and Ethnicity.

Disclosure and Sharing

The company shall not under any circumstance, sell your personal information. Government Code Section 11015.5, subdivision (a) (6) prohibits the company and all agency from distributing or selling any information.

Information may be shared under the following circumstances:

1. In published statistical reports. No names, social security numbers or other personal identifying information will be provided through these statistical reports.
2. You give us written permission and consent.
3. We may release information to a party with a legal authority, such as a subpoena.

If you elect not to provide the information requested, the company will not be able to effectively evaluate the representation of the workforce.

Department Instructions

If an employee chooses not to identify, visual identification is required by Title 29, Code of Federal Regulations Section 1602.30 to meet Equal Employment Opportunity Commission EEO-4.

Reporting requirements. Department may confidentially destroy this form after it is keyed.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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

Job Title: _____

Date of Hire: _____

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) 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.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.