

A.M. Logging LLC
 116 Thompson Ln.
 Millheim, PA 16854
 814-349-8089
 info@amlogging.com



A.M. Logging LLC is an equal opportunity employer. We consider applicants for without regard to race, color, religion, nationality, origin, or marital status.

Personal Information

Date		Phone No.	
First Name	Last Name	Middle	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Township	Driver's License #		
Referred by			

Employment Desired

Position desired	
Date available for work	What is your desired salary range?
Are you employed now? Yes <input type="radio"/> No <input type="radio"/>	
If yes, may we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	
Have you ever applied to A. M. Logging LLC before? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	
If yes, when	
If under the age of 18, can you provide required proof of your eligibility to work? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	
Have you ever been convicted of a felony or misdemeanor? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	
If yes, explain	
Can you travel if a job requires it? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	

Education

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	Not Applicat	
College		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	Not Applicat	
Trade, Business or Correspondence School		1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	Not Applicat	

List previous experience with machines, equipment operated, personal computer skills, etc.

Activities (civic, athletic, etc.)

Former Employers *List below last three employers starting with last one first*

Date, Month, and Year	Name Address of Employer	Salary/Rate	Position Held	Reasons for Leaving
From				
To				
From				
To				
From				
To				

Physical Record: *This question is voluntary and any answers will be kept confidential.*

Do you have any physical condition which may limit your ability to perform the job applied for?

In case of an Emergency Notify	Name	Phone Number

References: *List Below the names of three persons not related to you, preferably work-related references.*

Name	Business	Phone Number	Years Acquainted
1.			
2.			
3.			

Applicant's Statement **Application must be signed and dated by applicant**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained this applications as may be necessary in arriving at an employment decisions. I consent to completing all post offer physical and drug screen requirements of the company.

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

Signature of Applicant

Date