



## **Yakama Forest Products Application Checklist and Instructions**

**Yakama Forest Products practices Yakama Preference which means that preference will be given to Enrolled Yakamas, followed by Yakama Descendant, Legal Spouse of an Enrolled Yakama, Enrolled members of other Federally Recognized Tribes, and non-Indians.**

**Yakama Forest Products requires a Pre-Employment Drug Screening for all positions and the minimum age to work is 18 years of age.**

**Answer ALL questions completely and thoroughly. If you DO NOT have an answer please write NOT APPLICABLE or NA in the spaces provided.**

**Interviews are not automatic and if you are selected for an interview you will be contacted by the phone numbers you have listed to schedule a date and time for an interview. Please make sure the phone numbers are correct and are working.**

### **When completing your application please pay attention to the following details:**

- \_\_\_\_\_ Print clear and legible, be sure to use Blue/Black ink.**
- \_\_\_\_\_ Make certain your contact information is legible and current. Up to date information needed includes addresses and phone numbers. Personal and message phone numbers must be current.**
- \_\_\_\_\_ Provide a copy of your current Driver's License, State Issued Identification Card, and your Tribal ID (if applicable).**
- \_\_\_\_\_ If you are claiming to be a descendant please provide proper documentation.**
- \_\_\_\_\_ Please make sure you list choices from available positions as marking ANYTHING may push your application to the anything pool of applicants and will be considered last.**
- \_\_\_\_\_ If you have a resume please attach a copy to the back of the completed application.**

**Other documentation may be required to verify application information. Incomplete Applications WILL NOT be accepted. Incomplete applications left in the office WILL NOT be screened or considered for the interview process.**

**Applications can be picked up and dropped off between 8 am and 5 pm Monday-Friday at:**

**Yakama Forest Products  
Human Resources Department  
Large Sawmill Office  
251 Medicine Valley Road  
White Swan, WA  
509-874-3000**

YAKAMA FOREST PRODUCTS  
PO BOX 489  
251 MEDICINE VALLEY ROAD  
WHITE SWAN, WA 98952  
FAX 509-874-2183

OFFICE 509-874-3000

www.yakama-forest.com

## APPLICATION FOR EMPLOYMENT

### POSITIONS OF INTEREST

POSITION DESIRED: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

ARE YOU AVAILABLE AND WILLING TO WORK:

\_\_\_\_\_ DAYS \_\_\_\_\_ SWING OR \_\_\_\_\_ GRAVEYARD

LIST DATE AVAILABLE TO START WORK: \_\_\_\_\_

ARE YOU INTERESTED IN: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY/ EMERGENCY HIRE ?

HAVE YOU WORKED FOR US BEFORE? YES NO (please circle one)

IF YES, WHEN AND WHAT POSITION (if more than one please list all positions and dates of employment):

DO YOU HAVE ANY FAMILY MEMBER'S OR FRIENDS CURRENTLY EMPLOYED AT YAKAMA FOREST PRODUCTS?

YES NO (please circle one) IF YES, WHO? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES NO (please circle one)

IF YES, WHERE? \_\_\_\_\_

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

LIST ANY OTHER NAMES UNDER WHICH YOU MAY HAVE BEEN KNOWN BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
ADDRESS APT # CITY STATE ZIP

PHONE: \_\_\_\_\_ BEST TIME TO CONTACT YOU IS: \_\_\_\_\_  
HOME PHONE CELL PHONE WORK/MESSAGE PHONE

### INDIAN PREFERENCE (PLEASE PROVIDE PROOF OF ENROLLMENT OR DESCENDANCY)

NAME OF TRIBE:

ENROLLMENT NUMBER

VALID DRIVER'S LICENSE? _____ YES _____ NO  Specific to jobs involving Company equipment.	STATE ISSUED BY:	DRIVER'S LICENSE NUMBER:	EXPIRATION DATE:
VALID STATE IDENTIFICATION? _____ YES _____ NO	STATE ISSUED BY:	IDENTIFICATION NUMBER:	EXPIRATION DATE

### VETERANS PREFERENCE

YFP allows that Veteran's preference may be claimed if the applicant receives a discharge under honorable conditions. Please provide proof with a copy of the Veteran's Form DD214

Branch:	Rank:	Dates of Service:
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ARE YOU CURRENTLY STILL ACTIVE IN THE MILITARY RESERVES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHICH BRANCH OF THE MILITARY? \_\_\_\_\_

Did you receive any military training relevant to the job you are applying for? If so, describe: \_\_\_\_\_

### EDUCATION

	NAME	CITY, STATE	YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL			9 10 11 12		
COMMUNITY COLLEGE					
COLLEGE/ UNIVERSITY					
TRADE OR BUSINESS SCHOOL					
OTHER (GED, TRAINING)					

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS, AND OTHER TRAINING ACTIVITIES: (INCLUDE DATES)

### PLEASE CHECK EACH QUALIFICATION YOU HAVE BELOW:

<input type="checkbox"/>	Lifting in excess of 45-55 lbs	<input type="checkbox"/>	Ability to read a tape measure and calipers	<input type="checkbox"/>	Communication Skills (verbal & written)	<input type="checkbox"/>	Electrician-NON Apprentice Trainee
<input type="checkbox"/>	Ability to stand for long periods of time.	<input type="checkbox"/>	Mill- Equipment Operator	<input type="checkbox"/>	Telephone Skills	<input type="checkbox"/>	Electrician-Apprentice
<input type="checkbox"/>	Power Hand Tools	<input type="checkbox"/>	Typing _____ WPM	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Welder-Certified
<input type="checkbox"/>	Heavy Equipment Operator	<input type="checkbox"/>	10-Key _____ KPM	<input type="checkbox"/>	Shorthand	<input type="checkbox"/>	Welder-NON Certified
<input type="checkbox"/>	Fork Lift Driving Experience # of Years _____	<input type="checkbox"/>	Word, Excel, Power Point Microsoft Office	<input type="checkbox"/>	Combination Driver's License (CDL)	<input type="checkbox"/>	Flagger/Traffic-Certified
<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Diesel Mechanic Certified	<input type="checkbox"/>	First Aid-Current Certification
<input type="checkbox"/>	Chainsaw Operation	<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Electrician-Journeyman	<input type="checkbox"/>	CPR-Current Certification

## EMPLOYMENT HISTORY: LIST MOST RECENT FIRST AND WORK BACK

1) Employer	Dates Employed	Duties Performed:
Address	From                  To	
Phone #		
Job Title	Hourly Rate/Salary	
Supervisor	Starting                  Final	
_____ Involuntary Quit    _____ Voluntary Quit		May We Contact?    YES    NO
2) Employer	Dates Employed	Duties Performed:
Address	From                  To	
Phone #		
Job Title	Hourly Rate/Salary	
Supervisor	Starting                  Final	
_____ Involuntary Quit    _____ Voluntary Quit		May We Contact?    YES    NO
3) Employer	Dates Employed	Duties Performed:
Address	From                  To	
Phone #		
Job Title	Hourly Rate/Salary	
Supervisor	Starting                  Final	
_____ Involuntary Quit    _____ Voluntary Quit		May We Contact?    YES    NO
4) Employer	Dates Employed	Duties Performed:
Address	From                  To	
Phone #		
Job Title	Hourly Rate/Salary	
Supervisor	Starting                  Final	
_____ Involuntary Quit    _____ Voluntary Quit		May We Contact?    YES    NO
5) Employer	Dates Employed	Duties Performed:
Address	From                  To	
Phone #		
Job Title	Hourly Rate/Salary	
Supervisor	Starting                  Final	
_____ Involuntary Quit    _____ Voluntary Quit		May We Contact?    YES    NO

I certify to the best of my knowledge that the information in this application is correct. I understand that false information can be grounds for my not being hired, or for immediate dismissal from employment. I further understand acceptance of an offer of employment does not create a contractual obligation. I also agree to abide by all employment conditions pursuant to the Yakama Forest Products Employee Handbook. I authorize Yakama Forest Products to make inquiries into records relating to my tribal affiliation, employment history, education, training, and assessments of my driving history as applies to the job I am applying for with no liability arising therefrom.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date