

211 Seton Road • Port Townsend, WA 98368
info@edensaw.com • Phone: 360.385.7878 • Fax: 360.385.5215

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY. APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS. DATE: _____

NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____

PRESENT ADDRESS: (PO BOX/STREET) _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

PHONE: _____ EMAIL: _____

IF UNDER 18, PLEASE LIST AGE: _____

POSITION APPLIED FOR: _____ SALARY DESIRED: (BE SPECIFIC) _____

HOW MANY HOURS CAN YOU WORK WEEKLY: _____ WHEN CAN YOU START: _____

EMPLOYMENT DESIRED: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME (To select one or more, click on the box)

DAYS/HOURS AVAILABLE TO WORK: [] NO PREFERENCE

MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

DO YOU HAVE A DRIVER'S LICENSE: YES NO MEANS OF TRANSPORT TO WORK: _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____ CLASS: _____ EXP DATE: _____

HAVE YOU HAD ANY ACIDENTS DURING THE PAST THREE YEARS: YES NO HOW MANY: _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS: YES NO HOW MANY: _____

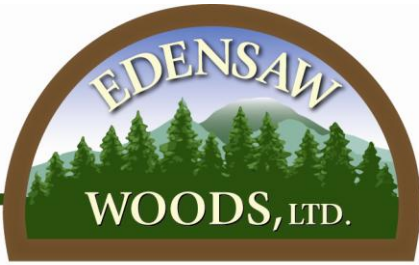
TYPING SKILLS: YES NO WPM: _____ 10-KEY: YES NO WORD PROCESSING: YES NO WPM: _____

PERSONAL COMPUTER: YES NO TYPE: PC MAC OTHER SKILLS: _____

HAVE YOU EVER BEEN IN THE ARMED FORCES: YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

SPECIALTY: _____ DATE ENTERED: _____ DISCHARGE DATE: _____



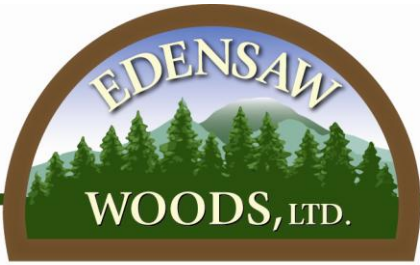
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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



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WORK EXPERIENCE: Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

EMPLOYER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

JOB TITLE: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____ PAY SALARY: START _____ FINAL _____

REASON FOR LEAVING (be Specific): _____

List jobs held, duties performed, skills used, and all advancements or promotions received while working at this company.

EMPLOYER: _____

ADDRESS: _____ CITY: _____

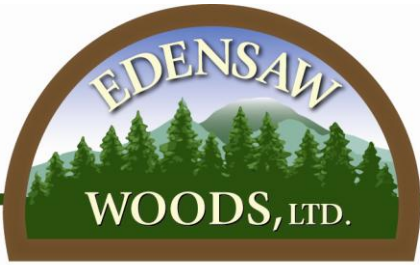
STATE: _____ ZIP CODE: _____ PHONE: _____

JOB TITLE: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____ PAY SALARY: START _____ FINAL _____

REASON FOR LEAVING (be Specific): _____

List jobs held, duties performed, skills used, and all advancements or promotions received while working at this company.



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EMPLOYER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

JOB TITLE: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____ PAY SALARY: START _____ FINAL _____

REASON FOR LEAVING (be Specific): _____

List jobs held, duties performed, skills used, and all advancements or promotions received while working at this company.

EMPLOYER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

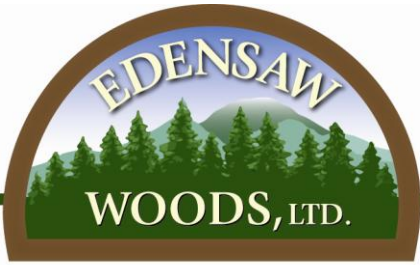
JOB TITLE: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____ PAY SALARY: START _____ FINAL _____

REASON FOR LEAVING (be Specific): _____

List jobs held, duties performed, skills used, and all advancements or promotions received while working at this company.

MAY WE CONTACT YOUR PRESENT EMPLOYER: YES NO



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PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ RELATIONSHIP: _____

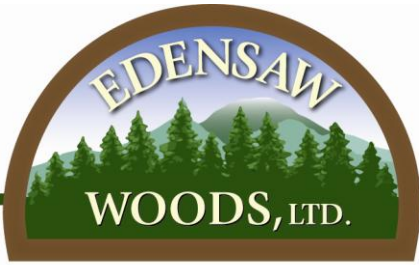
NAME: _____ COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ RELATIONSHIP: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

DID YOU COMPLETE THIS APPLICATION YOURSELF: YES NO IF NOT, WHO DID: _____



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APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Edensaw Woods, Ltd (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Edensaw Woods, Ltd or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Edensaw Woods, Ltd may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

SIGNATURE OF APPLICANT: _____ DATE: _____

Edensaw Woods, Ltd. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EDENAW WOODS, LTD.