



401 N Pottlatch Road Post Falls, ID 83854
P O Box 788 Post Falls, ID 83877
Phone (208) 773-7521 Fax (208) 773-7683

APPLICATION FOR EMPLOYMENT

Please Print*

Date _____ 20 _____

A. NAME

(Last) (First) (Middle)

B. RESIDENCE

- 1. Address: (Street) (City) (State) (Zip)
2. If residence is difficult to find, describe how to locate (i.e., cross streets, hwy., intersections, etc.)
3. Telephone ()

C. PERSONAL DATA

- 1. In case of emergency, please notify: Name: Address: Telephone:
2. Citizenship: Will you be able to provide proof of U.S. citizenship or an alien registration number and a Visa permitting work in this country, if hired? Yes () No ()
3. U.S. Military Service: Date entered: Date separated: Rank at Separation: Branch of Service: Military Occupation:
4. Have you ever been convicted of any crime or enter a plea of guilty to any crime for which you were fined \$100 or more and/or confined to jail for more than one day within the past seven (7) years? (NOTE: A conviction record will not necessarily ban an applicant from employment.) Yes () No () If yes, please describe:

D. EDUCATION AND TRAINING BACKGROUND

- 1. Circle the highest grade completed: Grade: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5
2. Name of High School: Did you graduate? Yes () No ()
3. Name of G.E.D. School: Did you graduate? Yes () No ()
4. Name of College: Did you graduate? Yes () No ()
5. Armed Forces or other training: Yes () No () If yes: Years Months Subject

E. EMPLOYMENT HISTORY (must be complete and include correct phone numbers)

- 1. Have you worked for this company previously? Yes () No () If yes, give dates Job or jobs worked: Reason for leaving:
2. Other employment: a. Present or past employer Telephone () Address City State Zip Dates employed: From To Wage or Salary Nature of work (describe) Reason for leaving

b. Next previous employer _____ Telephone (____) _____
 Address _____ City _____ State _____ Zip _____
 Dates employed From _____ To _____ Wage or Salary _____
 Nature of work (describe) _____
 Reason for leaving _____

c. Next previous employer _____ Telephone (____) _____
 Address _____ City _____ State _____ Zip _____
 Dates employed From _____ To _____ Wage or Salary _____
 Nature of work (describe) _____
 Reason for leaving _____

F. REFERENCES (must be complete and include phone numbers or application will be rejected)

List three personal references (exclude relatives or former employers):

| | Name | Address | Business or Occupation | Telephone No. |
|----|-------|---------|------------------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

G. PAST EXPERIENCE:

I have performed the following jobs for which I am presently qualified (list in order of skill):

| | Job | How Long Performed | For Whom |
|----|-------|--------------------|----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

H. EMPLOYMENT DESIRED: (A specific position must be entered or application will be rejected. You must fill in correct name of job.)

- Position(s) desired (preference order): 1. _____ 2. _____ 3. _____
 Permanent: Yes () No () Temporary: Yes () No () Wage or Salary or desired: _____
 Date you can start: _____ If temporary, when would you expect to terminate? _____
- Are you willing to accept odd (nights, graveyard, weekend) or rotating shift hours? Yes () No ()
- Are you employed now? Yes () No () If yes, may we make inquiries of your present employer? Yes () No ()
- Have you ever applied to this company before? Yes () No () If yes, when and where? _____

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM COMPLETELY

I authorize investigation of all statements contained in this application. If I am offered employment, I am also willing to take a physical examination, if requested, and hereby authorize the medical care providers involved to provide Plummer Forest Products with the results of said examination, including copies of my medical records related to said examination. If employed, I understand that misrepresentations or omissions of material facts called for constitute cause for dismissal. I agree to participate in a pre-employment drug screen prior to employment.

In consideration of my employment, I agree to conform to the rules of this company, and hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the opinion of either the company or myself. I understand and agree that, if hired, my employment will be for no definite period of time and it can be terminated with or without cause and with or without notice at any time at the option of either Plummer Forest Products or myself. No other right to employment or changes in the term of my employment will arise unless specifically agreed to in writing signed by Plummer Forest Products and myself.

NOTE: Application will be kept on file for 30 days. In order to be considered for future openings, you must complete a new application.

Applicant's Signature: _____ Date: _____

Were you referred by a Plummer Forest Products employee? Yes () No ()

If yes, please print his/her name: _____

Application Received/Reviewed By: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER