



DIVISION:

Trucking

Chipping

Plant

EMPLOYMENT APPLICATION

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

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 VISA permitting you to work in this country, if hired? Yes No

3. Military Service:

Date Entered _____ Date Separated _____ Rank at Separation _____

Branch of Service _____ Military Occupation _____

4. Have you ever been convicted of a crime or entered a plea of guilty to any crime for which you were fined at least \$100 and/or confined to jail for more than one day in the past seven (7) years?

(NOTE: A conviction will not necessarily ban an applicant from employment) YES NO

If Yes, please describe _____

D. EDUCATION TRAINING BACKGROUND

- 1. Select the highest grade completed: Grade School: _____ High School: _____ College: _____
- 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 completed to 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 _____
 - Next Previous employer _____ Telephone(_____) _____
Address _____ City _____ State _____ Zip _____
Dates employed: From _____ To _____ Wage or Salary _____
Nature of work (describe) _____
Reason for leaving _____
 - 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/Occupation	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

G. PAST EXPERIENCE:

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

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

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

1. Position(s) desired preference order: 1. _____ 2. _____ 3. _____

Permanent: Yes No Temporary: Yes No Wage or Salary desired: _____

2. Are you willing to accept odd (nights, graveyard, weekend) or rotating shift hours? Yes No

3. Are you employed now? Yes No If yes, may we make inquiries with your present employer? Yes No

4. Have you applied to this company before? 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 my examination. If employed, I understand that misrepresentations or omissions of material facts constitute 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 the company, and I 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 at the option of 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 for 30 days. In order to be considered for future openings you must complete a new application.

Applicant's Signature X _____ Date _____

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

If yes, please enter his/her name: _____

Application Received/Reviewed by: _____

[Save form to your desk top, then submit attachment](#)

SUBMIT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER