

ALL applications must be either delivered OR mailed to the Main Office:

Idapine Mills, LLC
ATTN: Employment Dept.
240 West Taylor Avenue
Meridian, Idaho 83642

Or scanned and emailed to:

Employment@Idapinemills.com

Thank you!

IdaPine Mills, LLC

240 West Taylor Avenue
Meridian, Idaho 83642

APPLICATION FOR EMPLOYMENT

Please Complete Each Item

- A. (Please Print)
NAME: _____ Date of Application _____
Social Security Number: _____
- B. RESIDENCE:
1. Present Address: _____
(Street) (City) (State) (Zip Code)
2. Mailing Address: _____
(City) (State) (Zip Code)
2. Telephone: _____
- C. PERSONAL DATA:
1. Are you age 18 or older? YES() NO()
2. In case of emergency, please notify:
a. Name: _____
b. Address: _____
c. Telephone: _____
3. Citizenship: Will you be able to provide proof of identity and employment eligibility if hired?
YES() NO()
4. For Driving Jobs Only: Do you have a valid drivers license? YES() NO()
5. Have you been convicted of any crime for which you were fined \$100 or more and/or confined in jail for more than one day within the past seven years? (NOTE: A conviction record will not necessarily bar employment.) YES() NO(). If yes, please describe: _____

- D. EDUCATIONAL 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
2. Name of High School: _____
Name of College: _____ *Did you Graduate? YES() NO()
College Major: _____
3. Graduate Work: _____
4. Apprentice or Trade School Training: _____
(Years/Months) (Years Completed) (Subject) (School/Company)
5. Correspondence Training: _____
(Years/Months) (Years Completed) (Subject) (School)
6. Armed Forces or Other Training: _____
(Years/Months) (Years Completed) (Subject)
7. First Aid Certificates:
a. Cardiopulmonary Resuscitation (CPR), Date on Card _____
b. Standard First Aid Training, Date on Card _____
c. Emergency Medical Technician (EMT), Date on Card _____
Dates verified by _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

E. EMPLOYMENT DESIRED:

1. Position Desired (preference order): 1. _____ 2. _____
3. _____
Regular Employee YES() NO(); Temporary Employee YES() NO();
Part-Time Employee YES() NO()
If seeking temporary employment only, when would you expect to terminate? _____
Date you can start? _____. Salary or wage desired: _____
2. Are you willing to accept odd(nights, graveyard or weekend) or rotating shift hours? YES() NO()
3. Are you employed now? YES() NO() If yes, when and where? _____
4. Ever applied to this Company before: YES() NO() If yes, when and where? _____
5. May we inquire of any of your past employers? YES() NO()

F. EMPLOYMENT HISTORY:

1. Have you worked for this Company previously? YES() NO() If yes, give dates _____
Job or jobs: _____
Reason for leaving: _____
2. Other Employment:

Current or last employer	Telephone	Street	City	State	Zip	Wage/Salary
a. _____						
Duties/Responsibilities: _____						

From: _____		To: _____		Supervisor: _____		
Nature of Work: _____				Reason for leaving: _____		

Next previous employer Telephone Street City State Zip Wage/Salary						
b. _____						
Duties/Responsibilities: _____						

From: _____		To: _____		Supervisor: _____		
Nature of Work: _____				Reason for leaving: _____		

Next previous employer Telephone Street City State Zip Wage/Salary						
c. _____						
Duties/Responsibilities: _____						

From: _____		To: _____		Supervisor: _____		
Nature of Work: _____				Reason for leaving: _____		

G. PAST EXPERIENCE:

1. I have performed the following jobs for which I am presently qualified: (List in order of skill)
 - a. _____
 - b. _____
 - c. _____

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

I authorize investigation of all statements contained in the application. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do work for which I am applying. I agree to comply with the employer's substance abuse program, including drug and/or alcohol testing as may be required.

If employed, I agree to conform to the rules of this company, hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the option of either the company or myself. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

Date: _____ Applicant's Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

IdaPine Mills, LLC

240 West Taylor Avenue
Meridian, Idaho 83642

AUTHORITY TO RELEASE PERSONAL INFORMATION

NAME IN FULL _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

Having made application with IdaPine Mills, LLC and desiring them to be informed as to my previous record and character, I hereby authorize them to investigate my past record and character, whether same is of record or not and I authorize photo-stats of the same.

I consent to the disclosure of such information and in consideration of your compliance with this request; I waive all claims against IdaPine Mills, LLC and all its officers, agents and employees, for damage or injury of any kind that I may incur as a consequence of such disclosure.

Applicant's Signature _____

Date _____

Witness _____
(Company Representative)

IdaPine Mills, LLC
DRUG FREE WORKPLACE POLICY
PRE-EMPLOYMENT POLICY

PURPOSE AND STATEMENT OF POLICY

Today there is significant evidence indicating that the effects of employee drug abuse in the workplace significantly increases accidents and injuries on the job. For this reason it is imperative that all employees be free of the effect of drugs.

In effort to reduce this injury potential IdaPine Mills, LLC has implemented a company Drug Free Workplace policy, which will apply to all applicants for positions with the company.

Effective August 15, 1992, all applicants whom the company intends to offer employment will be required to submit to a drug test as a part of the application process prior to their being offered employment by IdaPine Mills, LLC.

SPECIMEN COLLECTION

All specimens collected under the terms of this policy will be tested for the presence of illegal drugs. All specimens will be collected in accordance with strict chain of custody procedures. After the collection and documentation are completed, specimens will be transported to an accredited laboratory for testing.

A notice will be prominently posted informing applicants that a drug test is requirement of the application process. Prior to testing each applicant will be given an opportunity to read a copy of this policy and will be asked to sign a drug testing consent form.

TEST RESULTS

Test results will be reported directly to those individuals authorized by the company to receive them. The information gathered would be held in confidence by all personnel who need access to the results.

Applicants whose test results are negative will continue to be considered as serious candidates for employment. If employed, the applicant will immediately become subject to the company's Drug Free Workplace Policy.

IdaPine Mills, LLC
Controlled Substance Testing Consent Form
(Prospective Employees)

As a part of my application for employment with IdaPine Mills, LLC I consent to take a drug test as part of the company's Drug Free Workplace policy.

I understand that if I test positive for the presence of any illegal drugs I will not be offered employment.

I understand that the collection, testing and reporting of my specimen will be done in accordance with strict chain of custody procedures. If I am taking any prescription medication at the time of my drug test I will be afforded an opportunity to reveal that information at the time of collection.

All test results will be reported to management officials at IdaPine Mills, LLC and will be held in confidence by them.

Applicant's Name

Applicant's Signature

Date

POSITIVE RESULTS

Any applicant who tests positive for the presence of illegal drugs will not be offered employment with IdaPine Mills, LLC.

PRESCRIPTION MEDICATION

Applicants who are currently using prescription medication will have an opportunity to make this fact known at the time that their specimen is collected. Any applicants who are taking a prescription drug that may have been the cause of a positive test result will be asked to provide the name of the medication and the identity of the prescribing physician for verification. If this is verified the donors test result will be reported as negative.

ADULTERATION OR SUBMISSION OF CONCEALED SPECIMEN

Any applicant who attempts to adulterate a specimen or to submit an alternate specimen will not be offered employment with IdaPine Mills, LLC.

Applicant's Signature_____

Date_____

IdaPine Mills, LLC Representative_____

Date_____

IdaPine Mills, LLC
240 W Taylor Ave
Meridian, ID 83642

DISCIPLINE WARNING NOTICE

Employee _____ Employee Number _____
Department _____ Date _____

This warning notice is given to you because:

THIS IS A FORMAL WRITTEN DISCIPLINE STEP.

Failure to correct this or other violations may lead to suspension and / or dismissal.

Supervisor _____

Date _____

Employee _____

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