



P.O. Box 549
Seeley Lake, MT 59868

APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please Complete Each Item (Print)

Date of Application / /

A. NAME: (Last) (First) (Middle) Social Security #

B. RESIDENCE:

- 1. Present address: (Street) (City) (State) (Zip Code)
2. Telephone: Cell Phone:

C. PERSONAL DATA:

- 1. Are you age 18 or older? YES 0 NO 0
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 0 NO 0
4. For Driving Jobs Only: Do you have a driver's license? YES 0 NO 0
License # Class:
5. Have you ever 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 ban an applicant from employment.) YES 0 NO 0
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 5
2. Name of High School: Did you Graduate? YES 0 NO 0
Name of College: Did you Graduate? YES 0 NO 0
College Major: Course of Study:
3. Graduate Work:
4. Apprenticeship or Trade School Training: (Years/Months) (Year Completed)
(School or Company)
5. Correspondence Training: (Years/Months) (Year Completed)
(School)
6. Armed Forces or Other Training: (Years/Months) (Year Completed)
(School)
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: (Name)

E. EMPLOYMENT DESIRED:

1. Positions Desired (preference order): a. _____
 b. _____ c. _____
 Regular: YES NO Temporary: YES NO Part-Time: 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 May we inquire of your present employer? YES NO
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:
 - a. Current or last employer: _____
 (_____)
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
 Duties/Responsibilities: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____ Supervisor: _____
 Nature of Work: _____ Reason for leaving: _____
 - b. Next previous employer: _____
 (_____)
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
 Duties/Responsibilities: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____ Supervisor: _____
 Nature of Work: _____ Reason for leaving: _____
 - c. Next previous employer: _____
 (_____)
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
 Duties/Responsibilities: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____ Supervisor: _____
 Nature of Work: _____ Reason for leaving: _____

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 |
|----------|--------------------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |

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

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS 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 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. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT I WILL ABIDE BY THE EMPLOYEE HANDBOOK AND POLICY STATEMENTS.

Date: _____ Applicant's Signature: _____



Applicants and employees who wish to benefit under the Affirmative Action Program of Pyramid Mountain Lumber, Inc. are invited to identify themselves. This information is voluntarily provided, it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program.

I IDENTIFY MYSELF AS:

Veteran of the Vietnam Era **YES** **NO**

A veteran of the Vietnam era who (A) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of the person's active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of the person's active duty was performed: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases.

Special Disabled Veteran **YES** **NO**

(1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: (A) rated at 30% or more, or (B) rated at 10 or 20% in cases of a veteran who has been determined under Sect. 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

Other Protected Veteran **YES** **NO**

A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized? (Example: World War II, Korean, the Persian Gulf War, Desert Shield, Bosnia, Somalia, or Kosovo)

Recently Separated Veteran **YES** **NO**

A veteran who served on active duty in the United States military, ground, naval, or air service and was discharged or released from active duty less than three years before today's date.

Disabled Individual **YES** **NO**

Any person who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap or disability.

Name

Date

Signature



P.O. Box 549
Seeley Lake, MT 59868

This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with the Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. This Order also requires Government contractors to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed. The information provided will be used only in ways that are not inconsistent with Executive Order 11246, as amended.

I identify myself as: Male Female

White

Black

Hispanic

Asian

American Indian

Name

Signature

____ / ____ / ____
Date