



APPLICATION FOR EMPLOYMENT

Read attached instructions thoroughly and complete all areas of application accordingly; **incomplete applications will not be accepted.** Qualified applicants are considered without regard to race, creed, color, religion, sex, national origin, age, physical or mental disability that may be reasonably accommodated, or any other legally protected status. **Black Rock is a DRUG-FREE WORKPLACE, pursuant to the Idaho Private Employer Alcohol and Drug-Free Workplace Act. Pre-employment drug testing is required.**

APPLICATION FOR (one position only):

Application Date / /	Position Applying for (Title)	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available
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APPLICANT INFORMATION:

Last Name	First	M.I.	Email Address
Address	City	State	Zip Code
Daytime Phone ()	Evening Phone ()	Message/Cell Phone ()	
Do you have any physical condition that may limit your ability to perform the particular job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:			
Have you worked for any employer under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name:			

STATUS: Are you 16 years of age or older? YES NO Are you 19 years of age or older? YES NO

If hired, can you furnish proof of employment eligibility? YES NO
 Have you previously been employed with Black Rock? YES NO
 If yes, please provide location and last date worked:
 Have you been convicted of a felony, pleaded no-contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine within the last 7 years? YES NO
 If yes, please indicate the nature of the offense (*conviction of such crime will not necessarily bar you from employment*):

IF REQUIRED FOR THE POSITION:

Are you available to work overtime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid drivers license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a car available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Days available to work:	<input type="checkbox"/> Sun	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat
Shifts available to work:	<input type="checkbox"/> Day	<input type="checkbox"/> Eve <input type="checkbox"/> Night

EDUCATION:

Location:	Name of School:	Year Completed	Degree	Major/Minor
High School/GED				
College/Technical School				
Other (Trade, Military, etc.)				

HOW DID YOU HEAR ABOUT THIS JOB?

<input type="checkbox"/> ADVERTISEMENT (NEWSPAPER, PROFESSIONAL JOURNAL, OR SCHOOL)	<input type="checkbox"/> JOB SERVICE CENTER
<input type="checkbox"/> EMPLOYEE REFERRAL (NAME OF EMPLOYEE)	<input type="checkbox"/> OTHER (SOURCE)

EMPLOYMENT HISTORY - list all employers, beginning with the most recent, for the past seven years. Use additional sheet(s) if necessary. A resume cannot substitute for this section, but may be attached if you wish.

Employer	Telephone # ()	Final Rate of Pay
Address	City	State Zip Code
Dates of Employment (MM/DD/YY) From To	Supervisor	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving	Job Title	
Duties		
Employer	Telephone # ()	Final Rate of Pay
Address	City	State Zip Code
Dates of Employment (MM/DD/YY) From To	Supervisor	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving	Job Title	
Duties		
Employer	Telephone # ()	Final Rate of Pay
Address	City	State Zip Code
Dates of Employment (MM/DD/YY) From To	Supervisor	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving	Job Title	
Duties		

*The facts set forth in this application and any supplemental information is true and complete to the best of my knowledge. I understand that, if employed by **BLACK ROCK**, falsified statements on this application or submitted supplemental materials, shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and authorize previous and current employers to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to **BLACK ROCK**. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time. I understand that no representative of **BLACK ROCK** has the authority to make any assurances to the contrary. I also understand that I am required to abide by all rules and regulations of the company.*

Signature of Applicant:

Date:



P.O. Box 3070 • Coeur d'Alene, ID 83816
(208) 665-2005 • Fax (208) 667-5071

Summary of Drug Free Workplace Policy

PHILOSOPHY

Black Rock maintains a strong commitment to provide a safe work place and support programs to encourage a high standard of employee health and efficiency. To meet these objectives and at the same time maintain a drug-free environment, the following policy has been established, pursuant to the *Idaho Private Employer Alcohol and Drug-Free Workplace Act*.

POLICY

This attachment to the application is a description of the pre-employment drug testing process.

1. Drug testing is required of all new hires, regardless of position desired.
2. If an applicant refuses drug testing, the application will automatically be rejected.
3. All applicants from outside the company will be required to sign a release form authorizing the company to perform a drug screen.
4. If an applicant qualifies for a position offer, final employment will be contingent upon the satisfactory completion of the screen. If the applicant's screen is positive for drugs of abuse, the applicant will not be offered the position.
5. Test results will be communicated by the company to the selecting supervisor and applicant. No record of drug screen results will be retained in the personnel files.

I have read and understand the above summary of the Drug Free Workplace Policy at Black Rock.

Applicant's printed name and signature

Date

If applicant is a minor, a parent or legal guardian must also sign this form.

Parent or guardian's printed name and signature

Date