



Corporate Headquarters  
Distribution Center

1702 Industrial Drive, Sandpoint, ID 83864  
23504 E. Knox, Liberty Lake, WA 99019

Telephone 208.265.9696  
Fax 208.265.4726

## APPLICATION FOR EMPLOYMENT

**Date:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**How did you hear about this opening?** \_\_\_\_\_

Unicep Packaging, LLC is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other protected under local, state or federal laws.

**Notification of the need for reasonable accommodation in the application process:** If you need an accommodation to complete the application and/or the interview process, please notify us in advance so we can make appropriate arrangements.

Name \_\_\_\_\_  
Last
First
Middle Initial

Physical Address \_\_\_\_\_  
City
State
Zip

Mailing Address \_\_\_\_\_  
City
State
Zip

Previous Address \_\_\_\_\_  
 (If current address is within the last 5 years.)  
City
State
Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### EMPLOYMENT DESIRED

Please check one:      Full-time                       Part-time                       Full or Part-time   
 Preferred shift:        Days                       Swing                       Graveyard   
 Date of availability: \_\_\_\_\_

### EMPLOYMENT HISTORY (Please account for all periods of employment including U.S. Military Service)

<b>PRESENT OR LAST EMPLOYER</b>	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

**May we contact your current employer?**    Yes     No  \_\_\_\_\_  
(Additional information, if desired)

**\*\*Incomplete applications will not be considered. This application will remain active for 60 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment it will be necessary for you to complete a new application.\*\***

<b>PREVIOUS EMPLOYER</b>	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

<b>PREVIOUS EMPLOYER</b>	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

<b>PREVIOUS EMPLOYER</b>	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

**Please explain any periods of unemployment greater than six months:**

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**EDUCATION**

School Name (most recent first)	Location	Graduated		Degree Type
		Yes	No	
High School				
Special skills, qualifications & trainings:				

Except for minor traffic offenses, have you ever been convicted of a crime? Yes  No

(A conviction will not necessarily disqualify you from employment.) If so, please explain: \_\_\_\_\_

Have you ever been employed by Unicep before? Yes  No  If so, when: \_\_\_\_\_

Please explain why you left your previous position with Unicep: (this section must be completed if you answered "yes" above): \_\_\_\_\_

Are you at least 18 years of age? Yes  No

## ADDITIONAL REFERENCES

Please provide the names of two people that you have known for at least two years. References may be personal or professional, but not family members.

Reference Name	Phone Number	How long have you known this person?	Current Occupation

• I certify that the facts and information in this application and in any attachments/supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

• I understand that any offer of employment is conditioned upon the satisfactory completion of a verification/background process, a clean urinalysis and/or blood tests for the presence of drugs and alcohol.

• I authorize release of the results to Unicep for the urinalysis and/or blood tests for the presence of drugs and alcohol in order to evaluate suitable employment and I release Unicep from any and all incidents associated with the testing.

• I understand that any offer of employment is conditioned upon with the understanding that Unicep Packaging, LLC (Unicep) will only hire those individuals who are legally authorized to work in the United States and present acceptable proof of their lawful employment status and identity.

• I authorize the investigation of all matters which Unicep deems relevant to my qualifications, including employers, schools or named persons to provide information regarding my employment, education, separation or dismissal. I authorize Unicep to request and receive such information. I release any persons or employers from liability for supplying this information and I release Unicep from all liability, which might result from the investigation.

• I also understand and agree that if hired, my employment is for no definite period of time, we are an "at-will" employer and either Unicep or I may terminate our relationship at any time, without notice or for any reason, and that this employment application does not constitute an employment agreement.

I have read, reviewed and agree with the information provided in this application and the preceding statements.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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## **EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Unicep Packaging, LLC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Unicep invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**This form will be kept in a confidential file separate from your application for employment.**

Name (Last, First, MI): \_\_\_\_\_

**Gender Identification (check one)**

Female       Male

**Race/Ethnic Identification (check one):**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications:

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native (Not Hispanic or Latino).** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races
- Decline self-identification**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**