



Corporate Headquarters
Distribution Center

1702 Industrial Drive, Sandpoint, ID 83864
4122 S Grove Rd. Spokane, WA 99224

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 Graveyard	Part-time Swing	FT or PT Days
Preferred shift:			

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

PRESENT OR LAST EMPLOYER	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.****

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

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

PREVIOUS EMPLOYER	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:

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

****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.****



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



**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)
EMPLOYER INFORMATION			
3. Employer Name Unicep	4. Employer Address and Telephone 1702 Industrial Drive Sandpoint, Idaho 838654 208-265-9696	5. Employer Federal ID Number (EIN) 46-0856256	
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI)	7. Social Security Number	8. Have you worked for this employer before? Yes___ No___ If YES , enter last date of employment:_____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? If YES , enter your <i>date of birth</i> _____			Yes___ No___
13. Are you a Veteran of the U.S. Armed Forces? If NO , go to Box 14. If YES , are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR , are you a veteran entitled to compensation for a service-connected disability? If YES , were you discharged or released from active duty within a year before you were hired? OR , were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?			Yes ___ No ___ Yes___ No___ Yes___ No___
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? OR , received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			Yes___ No ___ Yes___ No___
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR , by an Employment Network under the Ticket to Work Program? OR , by the Department of Veterans Affairs?			Yes___ No___ Yes___ No___ Yes___ No___

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired?	Yes__ No __
OR , are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired?	Yes__ No__
OR , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made?	Yes__ No__
If NO , are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?	Yes__ No__
If YES, to any question , enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received_____.	
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?	Yes __ No__
If YES , enter <i>date of conviction</i> _____ and <i>date of release</i> _____.	
Was this a Federal _____ or a State conviction _____? (Check one)	
18. Do you live in a Rural Renewal County or Empowerment Zone?	Yes__ No __
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?	Yes __ No __
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	Yes No__
21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?	Yes No__
22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?	Yes No__
23. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)	
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.	
24(a). Signature: (See instructions in Box 24.(b) for who signs this signature block)	24. (b) Signatory Options: Indicate with a ✓ mark who signed this form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)
25. Date:	

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed (Box 24a.) by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Every certification request must include an IRS Form 8850 and an ETA Form 9061 or 9062, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-22. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

On January 2, 2013, President Obama signed into law *the American Taxpayer Relief Act of 2012* retroactively authorizing the Empowerment Zones (EZs) and WOTC non-veteran groups from December 31, 2011 through December 31, 2013. This Act also authorized continuation of the VOW Act of 2011 expanded veterans and provisions through December 31, 2013. **Form Updates.** "Empowerment Zones" was added to Box 18 to capture data for Designated Community Residents who must reside in a Rural Renewal County or EZ to be determined eligible for WOTC certification. A new Box 19 was added to this form to capture information on the Summer Youth group activated when the EZs were reauthorized. Members of the Summer Youth group must reside in an EZ to be determined eligible for WOTC certification. Boxes 19-21 were renumbered and are now Boxes 20-22. Box 22 below became Box 23, Sources to Document Eligibility.

Box 23 **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers** in Boxes 12 through 22. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate SNAP (formerly Food Stamp) agency stating to whom SNAP benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES.**)

QUESTION 12²

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

- Signed Letter of Separation or related document from authorized Individual on DVA letterhead or agency stamp with specific description of months benefits were received.
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS at: 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts or Letters of Separation
- Letter issued only by the Department of Veterans Affairs (VA) on VA Letterhead or bearing the Agency Stamp, with signature, certifying Veteran status or that the Veteran has a service-connected disability.

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed statement from Authorized Individual with a specific description of the months benefits that were received
- Case number identifier

QUESTIONS 18 & 19

- To determine if a Designated Community Resident (DCR) lives in a Rural Renewal County, visit the site: www.usps.com. **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information**, then compare the county of the address to the list in the Instructions to IRS Form 8850.
- To determine if the DCR or a Summer Youth lives in an Empowerment Zone, check the Instructions to IRS Form 8850, or visit the U.S. Department of Housing and Urban Development's "locator" at: <http://egis.hud.gov/ezrlocator/>.

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans

QUESTION 20

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Box 24(a). **Signature.** The person who completes the form signs the signature block.

Box 24(b). **Signatory Options.** Qualified individuals/entities which can sign the form instead of the applicant: (a) Employer, (b) Consultant, (c) SWA staff, (d) Participating Agency staff, (e) Applicant, or (f) Parent or guardian (If applicant is a minor, the parent or guardian must sign).

Box 25. **Date.** Enter the month, day and year when the form was completed.

QUESTIONS 21 & 22

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

..... ✂

(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.

2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is not a valid piece of documentary evidence since May 1998.**

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____	Was offered job _____	Was hired _____	Started job _____
------------------------	-----------------------	-----------------	-------------------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶	Title	Date
-------------------------------	--------------	-------------

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.