



Corporate Headquarters  
Distribution Center

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

Telephone 208.265.9696  
Fax 509.624.2552

## 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      FT or PT      Days      Swing      Graveyard

Preferred shift: \_\_\_\_\_ Wage Requirement: \_\_\_\_\_

### 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	Reason for Leaving		
Job Duties			

**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	Reason for Leaving		
Job Duties			

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

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

**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:				

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**



1. Control No. (For Agency use only)		<b>APPLICANT INFORMATION</b> (See instructions on reverse)		2. Date Received (For Agency Use only)	
<b>EMPLOYER INFORMATION</b>					
3. Employer Name  UNICEP PACKAGING, LLC		4. Employer Address and Telephone  4122 S GROVE ROAD SPOKANE, WA 99224 800.354.9396		5. Employer Federal ID Number (EIN)  46-0856256	
<b>APPLICANT INFORMATION</b>					
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: _____	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? Yes ___ No ___ If YES, enter your <i>date of birth</i> _____					
13. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___ 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? Yes ___ No ___ 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? Yes ___ No ___ If YES, were you discharged or released from active duty within a year before you were hired? Yes ___ No ___ 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 ___					
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the <b>6 months before you were hired?</b> Yes ___ No ___ OR, received SNAP benefits for at <b>least a 3-month period within the last 5 months</b> But you are no longer receiving them? Yes ___ No ___ If YES to either question, enter name of <i>primary recipient</i> _____ and city And <i>state</i> where benefits were received _____.					
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___ OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___ OR, by the Department of Veterans Affairs? Yes ___ No ___					
16. Are you a member of a family that received TANF assistance for at least <b>the last 18 months</b>					

before you were hired?	Yes__ No__	
<b>OR</b> , are you a member of a family that received TANF benefits for <b>any 18 months</b> beginning after August 5, 1997 and the earliest 18-month period beginning after August 5, 1997, ended <b>within 2 years before you were hired</b> ?	Yes__ No__	
<b>OR</b> , did your family stop being eligible for TANF assistance <b>within 2 years before you were hired</b> because a Federal or state law limited the maximum time those payments could be made?	Yes__ No__	
<b>If NO</b> , are you a member of a family that received TANF assistance for <b>any 9 months during the 18-month period before you were hired</b> ?	Yes__ No__	
<b>If YES, to any question</b> , 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__	
<b>If YES</b> , enter <i>date of conviction</i> _____ and <i>date of release</i> _____.		
<b>Was this a Federal</b> ____ <b>or a State conviction</b> ____? (Check one)		
18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)?	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. Are you an individual who is or was in a period of unemployment that is at least <b>27 consecutive weeks</b> and for all or of that period you received unemployment compensation?	Yes__ No__	
<b>If YES</b> , what state did you receive unemployment compensation in? _____ (Enter state where UI compensation was received)		
<b>24. Sources used to document eligibility: (Employers/Consultants:</b> List all documentation provided or forthcoming. <b>For SWA Staff:</b> List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.		
FORM 8850 REQUESTED DOCUMENTATION		
<b>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.</b>		
<b>25(a). Signature:</b> (See instructions in Box 25.(b) for who signs this signature block)	<b>25.(b)</b> 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)	<b>26. Date:</b>

## 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](http://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 UNICEP PACKAGING, LLC Telephone no. 800.354.9396 EIN ▶ 46-0856256

Street address 4122 S. GROVE ROAD

City or town, state, and ZIP code SPOKANE, WA 99224

Person to contact, if different from above CLIFTONLARSONALLEN, LLP ATTN: JENNIFER ROHEN Telephone no. 314.925.4326

Street address 600 WASHINGTON AVE. SUITE 1800

City or town, state, and ZIP code ST. LOUIS, MO 63101

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](http://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.