

APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the second page of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For: _____ Today's Date: _____
 Are you seeking: Full-time ___ Part-time ___ Temporary ___ employment? When could you start work? _____

_____	_____	_____	_____	
Last Name	First Name	Middle Name	Telephone Number	
_____		_____	_____	_____
Street Address		City	State	Zip Code

Email Address: _____

Are you 18 years of age or older? Yes ___ No ___ (If you are hired, you may be required to submit proof of age.)
 Neiman Enterprises is a drug free work place. Pre-employment drug tests are required.
 If hired, can you furnish proof you are eligible to work in the U.S.? Yes ___ No ___

PLEASE INDICATE WHICH COMPANY YOU WISH TO BE CONSIDERED FOR EMPLOYMENT:

___ Devils Tower Forest Products ___ Spearfish Forest Products ___ Spearfish Pellet Company
 ___ Montrose Forest Products ___ Gilchrist Forest Products

Have you ever applied here before? Yes ___ No ___ If yes, when? _____

Were you ever employed here? Yes ___ No ___ If Yes, when? _____

Are you willing to accept odd-night, graveyard, weekend, or rotating shift hours? ___ Yes ___ No

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? Yes ___ No ___ If Yes, give details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offence, date and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes ___ No ___

If Yes, please explain: _____

For Driving Jobs ONLY: Do you have a valid drivers license? Yes ___ No ___

Have you had your driver's license suspended or revoked in the last 3 years? Yes ___ No ___

If Yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or any other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS No. Yrs. Completed / Diploma Date / Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

WERE YOU REFERENCED FOR THIS JOB BY A CURRENT EMPLOYEE OF NEIMAN ENTERPRISES? _____

IF YES, PLEASE INDICATE BY WHOM: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer: _____ Job Title and Duties: _____
Address, City, State, Zip: _____
Dates of Employment: _____ Pay History: _____
From To Start Final
Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties: _____
Address, City, State, Zip: _____
Dates of Employment: _____ Pay History: _____
From To Start Final
Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties: _____
Address, City, State, Zip: _____
Dates of Employment: _____ Pay History: _____
From To Start Final
Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties: _____
Address, City, State, Zip: _____
Dates of Employment: _____ Pay History: _____
From To Start Final
Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Have you worked or attended school under any other name? Yes___ No___ If Yes, give name: _____

Are you presently employed? Yes___ No___ If yes, may we contact your present employer? Yes___ No___

Have you ever been fired or asked to resign? Yes___ No___ If yes, please explain: _____

Give three references, not relatives or former employers, with phone number and City/State of residence or home (please indicate).

1. _____
2. _____
3. _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

- *I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*
- *I understand that the employer may request an investigative consumer report for a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.*
- *I authorize the investigation of any or all statements contained in this application and also authorize any personal, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.*
- *I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment.*
- *I understand that this application or subsequent employment does not create a contract of employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.*
- *I have read, understand, and by my signing consent to these statements.*

SIGNATURE _____ DATE _____

THIS APPLICATION WILL REMAIN ACTIVE FOR A LIMITED TIME. ASK THE ORGANIZATION REPRESENTATIVE FOR DETAILS.

INVITATION TO SELF-IDENTIFY

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 _____ AM INDIAN _____

NAME _____ SIGNATURE _____

DATE _____

Send to:

Devils Tower Forest Products
Attn: Human Resources
P.O. Box 218
Hulett, WY 82720
T: 307.467.5252 | F: 307.467.5594

Rushmore Forest Products
Attn: Human Resources
P.O. Box 619
Hill City, SD 57745
T: 605.574.2512 | F: 605.574.3937

Spearfish Forest Products
Attn: Human Resources
1510 W Oliver St
Spearfish, SD 57783
T: 605.642.7741 | F: 307.467.5594

Montrose Forest Products
Attn: Human Resources
P.O. Box 1149
Montrose, CO 81401
T: 970.249.0812 | F: 970.249.0727

Gilchrist Forest Products
Attn: Human Resources
#1 Sawmill Road | P.O. Box 784
Gilchrist, OR 97737
T: 541.433-2222 | F: 541.433.9581