



Application Instructions

Please fill out the following application even if you submit a résumé. Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please print legibly or type, except for the required signature. Do not substitute "See Resume" for information requested on the application form.

When you have completed the application, you may save the file as a PDF and send it to jmaki@digline.com. Alternatively, you may choose to print it and mail or hand-deliver it to:

DIGLINE, INC. 8310 W Ustick Rd STE 100 Boise, ID 83704





Application for Employment

Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please print legibly or type, except for the required signature. **DO NOT** substitute "See Resume" for information requested on the application form. All information provided will be available only to persons who have a need to know, or as required by law. DIGLINE, INC. is an Equal Opportunity Employer and will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid only for the position listed below.

This application is current only for thirty (30) 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 fill out a new application.

| NAME: Last | | F | First | | Middle Initial | | | DAY'S DATE | · | | |
|---|------------------------|---------------------|-------------|------------|---------------------|--------------|------------|-----------------|----------------------------|------------------|-----------------------|
| PRESENT ADDRE | SS: | | | | | | | Phone: _ | | Day | |
| | No. | Stre | et | C | City | State | ZIP | | | Day | Evening |
| Position applied for | : | | | | _ When are | e you availa | ble for em | nployment? _ | | | |
| Type of employment sought: Full-time | | ime P | Part-time | | Temporary or Summer | | | | | | |
| After reviewing the | job description for th | e position to which | you have | applied, a | re you able | to perform | the essen | tial job functi | ions with | or without reas | sonable accommodation |
| 'es No | | | | | | | | | | | |
| lave you ever bee | n previously employe | ed by the Company? | • | | Yes | No | | | | | |
| f Yes, give dates e | mployed and reason | for leaving: | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Re | ecord | of Em | ploym | ent | | | | |
| 1. Name of Curre | nt/Most Recent Emp | oyer | | Address | | Tele | | Telephone | Т | Type of Business | |
| | | | | | | | | | | | |
| Dates E | Employed | Rate | Rate of Pay | | Reason for Leaving | | | Superv | upervisor's Name and Title | | |
| From | То | Starting | Ending | | | | | | | | |
| Mo. Yr. | Mo. Yr. | | | | | | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | | |
| lay we conta | ct your current | employer? | | Yes | No | | | | | | |
| Please explair | n any gaps: | | | | | | | | | | |
| 2. Name of Next Previous Employer | | | | Address | | | | Telephone | Т | ype of Business | 6 |
| Dates Employed Rate of Pag | | | of Pay | | Reason fo | or Leaving | | | Superv | isor's Name and | d Title |
| From | То | Starting | Ending | | 1 | | | | | | |
| Mo. Yr. | Mo. Yr. | | | | | | | | | | |



8310 W Ustick Rd STE 100 Boise, ID 83704 (208) 342-1585 (800) 342-1585 www.digline.com

| LIST THE JODS YOU N | eld, duties performé | eu, skiiis used of k | eamed, ad ^v | vancements | s or promotions. | | | |
|---|--|--|------------------------------|-------------------------------|--------------------------------|---|---|--|
| | | | | | | | | |
| May we contact this employer? Please explain any gaps: | | | Yes | No | | | | |
| 3. Name of Next P | | | | Address | | Telephone | Type of Business | |
| | | | | | | | | |
| Dates Employed | | Rate of Pay | | | Reason for Leaving | | Supervisor's Name and Title | |
| From | То | Starting | Endin | g | | | | |
| Mo. Yr. | Mo. Yr. eld, duties performe | d skills used or le | earned adv | vancements | or promotions | | | |
| av we conta | t this employe | ur? | | Yes | No | | | |
| - | | err | | res | NO | | | |
| lease explain | any gaps: | | | | | | | |
| 4. Name of Next Previous Employer | | | | Address | | Telephone | Type of Business | |
| Dates Employed | | Rate of Pay | | | Reason for Leaving | | Supervisor's Name and Title | |
| From | From To Starting | | Ending | | | | | |
| Mo. Yr. | Mo. Yr. eld, duties performe | nd skills used or le | earned ad | vancements | e or promotions | | | |
| | , | | | | | | | |
| lav we contac | ct this employe | er? | | Yes | No | | | |
| - | | | est or rece | | | al offense (misdem | eanor or felony)? Yes No | |
| A conviction will no | t necessarily disqua | lify an applicant.) | | | leid judgment for any chimina | Tonense (misdem | earlor or retory): res 140 | |
| kplain each incider | nt by providing the der. If you need addit | ate of occurrence ional space, plea | e, disciplina se continue | ary action tal e on a sepa | ken, facts surrounding the ac | tion (e.g., specific al that the applican | termination of your employment? If so, pleat policy violation or performance issue), and the the upfront in his or her response so that the | |
| Company can asses | ss the significance o | f the prior action. | Failure to p | provide full o | disclosure may result in disqu | ialitication from em | ployment consideration, or if hired, terminat | |



Date

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Are you authorized to work in the United States? Yes No (Federal Law requires proof of identity and employment authorization for all new employees.) For Driving Positions Only: Do you have a valid driver's license? Yes License Number and State Issued: ___ Education Indicate Last Year Completed: School Name **Major Subjects** High School 2 3 College Other job-related education If you have experience operating any position-related business/plant machines or equipment, please list them here, along with other job-related skills: This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, and character, and that such information may be developed through personal interviews with third parties. Only jobrelated information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations, or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records. I authorize the Company to release to any person, firm, entity, or organization with which I may seek employment in the future any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records. I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test. I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and I understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

I have had an opportunity to have my questions about this statement's content and intent answered, and I understand its terms.

Signature of Applicant