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# RY TIMBER, INC.

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**Corporate & Sales Office:**

85 Mill Road, PO Box 220, Townsend, MT 59644, Phone (406)266-3111, Fax (406) 266-3115

**Manufacturing Site:**

5284 Hwy. 89 S, PO Box 990, Livingston, MT 59047, Phone (406)222-3360, Fax (406) 222-0580

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Application Number: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

(Please print and complete each item. An incomplete application will **NOT** be considered. If something does not apply to you please write N/A)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number where you may be contacted: (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

If hired, will you be able to prove your legal right to work in the United States?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any condition or handicap which may limit your ability to perform any job for which you are applying, or which should be considered when determining placement?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what can be done to accommodate your limitation?

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you previously applied to RY Timber, Inc.? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, when and where? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION AND TRAINING

1. High School:

Name of School \_\_\_\_\_ Years Attended \_\_\_\_\_

Graduate? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

If NO, do you have a GED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

2. College:

Name of School \_\_\_\_\_ Years Attended \_\_\_\_\_

Major \_\_\_\_\_ Type of Degree \_\_\_\_\_

Graduate? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

3. Post Graduate:

Name of School \_\_\_\_\_ Years Attended \_\_\_\_\_

Major \_\_\_\_\_ Type of Degree \_\_\_\_\_

Graduate? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

4. Apprentice or Trade School:

Name of School \_\_\_\_\_ Time Attended \_\_\_\_\_

Subject studied \_\_\_\_\_ Certificate or Degree \_\_\_\_\_

5. Correspondence Training:

Name of School \_\_\_\_\_ Time Studied \_\_\_\_\_

Course of study \_\_\_\_\_

6. Military Training:

Subject studied \_\_\_\_\_ Time Studied \_\_\_\_\_

7. Other:

Name \_\_\_\_\_ Time Studied \_\_\_\_\_

Subject studied \_\_\_\_\_

8. First Aid Certificates:

Cardiopulmonary Resuscitation (CPR) Date on card \_\_\_\_\_

Standard First Aid Training Date on card \_\_\_\_\_

Emergency Medical Technician (EMT) Date on card \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Most recent employer: May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Employer \_\_\_\_\_ Dates \_\_\_\_\_  
Address \_\_\_\_\_  
Position (s) held \_\_\_\_\_  
Name of last supervisor: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Last wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_
2. Next previous Employer: May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Employer \_\_\_\_\_ Dates \_\_\_\_\_  
Address \_\_\_\_\_  
Position (s) held \_\_\_\_\_  
Name of last supervisor: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Last wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_
3. Next previous Employer: May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Employer \_\_\_\_\_ Dates \_\_\_\_\_  
Address \_\_\_\_\_  
Position (s) held \_\_\_\_\_  
Name of last supervisor: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Last wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## RELATED EXPERIENCE

Please describe below any other experience you have which may be relevant to the job for which you are applying. You may include volunteer experience, military experience or any other experience which was not listed above.

- | Position | Dates Held | Company or Organization |
|----------|------------|-------------------------|
| 1. _____ | _____      | _____                   |
| 2. _____ | _____      | _____                   |
| 3. _____ | _____      | _____                   |
| 4. _____ | _____      | _____                   |

**REFERENCES**

List three personal references. DO NOT include relatives or former supervisors.

Name	Address	Occupation	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT DESIRED**

1. Position desired (Preference order):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Do you want (Circle one):

Regular Employment      Part –Time Employment      Temporary Employment

If you want Temporary Employment, when would you terminate? \_\_\_\_\_

3. Are you willing to work Swing, Graveyard, Weekend or Rotating shifts?

\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, which? \_\_\_\_\_

I authorize investigation of all statements contained in this application and understand that falsification of any portion will be reason for RY Timber, Inc. to not consider me for employment or to immediately discipline or discharge me.

I agree to take a physical examination and to submit to a blood or urine test if so requested, and I authorize the individuals conducting and evaluating such examinations to release the results to RY Timber, Inc.

In consideration of my employment, I agree to conform to the rules of RY Timber, Inc. but also acknowledge that my employment will be considered at-will. As an at-will employee my employment relationship with RY Timber, Inc. can be terminated at any time, with or without cause, or with or without notice at either the option of myself or RY Timber, Inc. I further understand and acknowledge that no written or verbal policies, whether express or implied may modify or nullify such at will employment.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Affirmative Action/Equal Opportunity Employer



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## DRUG TEST CONSENT FORM

By my signature below, I \_\_\_\_\_, acknowledge RY Timber, Inc. has a “ZERO TOLERANCE” Drug Free program. I agree to comply with this policy as a condition of continued employment of RY Timber, Inc.

By signing this Consent Form, I authorize RY Timber, Inc. management and the licensed laboratory selected by RY Timber, Inc. to perform a urinalysis on any urine specimen provided by me to test for the use of any chemical substance which could affect my work abilities, worker or equipment safety or physical health. I consent to provide a urine specimen or blood test upon request by RY Timber, Inc. management and further consent to release of chemical substance test results to determine suitability for continued employment by RY Timber, Inc.

Result of these tests will be treated in a confidential manner.

In the event of a reasonable suspicion by either RY Timber, Inc. or the laboratory that the specimen has been altered or the test is inaccurate, I agree to submit another specimen(s) for further testing as requested by RY Timber, Inc.

I further agree to submit to a blood test for alcohol at any time RY Timber, Inc. has a reasonable suspicion that I may be under the influence of alcohol.

Any employment with RY Timber, Inc. will be contingent upon your passing a pre-employment drug screen.

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Employee Signature

Date

Scott Stern,  
General Manager



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## **SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Due to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that this company take Affirmative Action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires this company to take Affirmative Action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified please check any that apply below:

\_\_\_\_\_ Handicapped Individual

\_\_\_\_\_ Veteran      Served from \_\_\_\_\_ to \_\_\_\_\_

Disabled \_\_\_\_\_ YES \_\_\_\_\_ NO

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SIGNATURE

(This page to be given to person responsible for EEO reporting and is not to be kept in employee file.)



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## RY Timber Minimum Job Requirements

**Job Title:** Entry Level Position

**Date:** 4-14-06

### GENERAL JOB DESCRIPTION:

Worker stacks finished 2x4's that are 4 to 8 ft long from conveyor belt to cart on wheels. Loaded carts are 26 boards high, 13 boards wide for 4-7 ft boards; and 14 boards wide x 21 boards high for 8 ft boards. Filled carts stand 4 ½ ft to 5 ½ ft tall. Conveyor belt is thigh to hip high. Worker grabs board, and turns to shove onto cart 2-5 ft away. Worker starts with empty cart and puts wood on bottom of cart, which is about 1/12 ft off ground. Adds boards to make rows until full, eventually reaching to shoulder or just above shoulder height. Worker puts metal band around cart load and crimps with hand held bander. Worker pushes cart 10-25 ft away from area so that forklift can pick it up.

Worker spends 2/3 of 10 hr work shift at this location with another worker. Cart usually pushed with two people (90 % of time when in this location).

Worker spends 1/3 of shift (3.4 hrs) performing same job at different stacker location, stacking 8-9 ft 2x4's. Pace slower at this location and worker works alone.

Each worker builds one pallet or cart load of boards per hour as a rule. Worker may sweep area and clean up every once a week or two.

Shifts are 10 hrs long, four days per week.

## **I. PHYSICAL DEMANDS**

### STANDING, WALKING and SITTING

Worker sits on breaks only, two 15 min breaks and lunch break.

### KNEEL, SQUAT/CROUCH, CLIMB, BALANCE

Worker climbs onto cart and load to straighten boards or to complete banding with crimper.

Worker may squat instead of bending to pick up boards if they fall.

### REACHING

Height of reach varies depending on how high the stack is. Highest level reached is about 5 ½ ft and this occurs to complete the stacking process as boards reach the top of the load and to wrap the band around the load. Crimper is a hand held device that is pulled down to band the metal together and is done at the top of the load. Worker can climb up on side of cart to do this if preferred. Use of the arms is continuous (more than 67%) overall. On slower side, there may be moments when boards are not coming down the conveyor.

**PUSHING/PULLING**

Cart with 8 ft boards weigh 3000 lbs. Carts with 4 ft boards weigh 1500 lbs. Effort to push them is about 10 % of the gross weight when on wheels. Two people push the carts 90% of the time when the worker is on the side where two people work. Worker would push 10 carts with help and 5-6 carts per day alone.

**LIFTING**

Weight of an 8 ft 2x4 is 3 lbs.

**CARRYING**

Worker walks up and down conveyor to access wood; may carry it a few feet to stack but usually stays within small area and takes a step or two to push it from conveyor to stack.

**TORSO-TWIST, BEND/STOOP, ETC**

Can pivot and turn to avoid twisting; can squat to avoid bending.

**II. ENVIRONMENTAL CONDITIONS:**

**ENVIRONMENTAL**

Noise from equipment in the area; some dust but wood is already finished in this area and dust is minimal. Hazards associated with sawmill work and pushing objects.

**Are you able to perform these minimum requirements?**

Yes       No

\_\_\_\_\_  
**Applicant Signature**

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