



HECLA LUCKY FRIDAY

P.O. Box 31, Mullan, Idaho 83846 | Tel. 208.744.1751 | Fax 208.545.3327 | www.hecla-mining.com

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

Hecla Lucky Friday only accepts applications and resumes for posted job openings. Open positions are posted on the Hecla Mining Company website at www.hecla-mining.com and with the Idaho Department of Labor at www.labor.idaho.gov.

To apply for an open position, complete this application form and attach a resume' if you have one available. If you are applying for more than one position, be sure to list all positions you are applying for on the application. The application must be filled in completely and clearly to receive consideration.

Applications and resumes may be submitted as follows:

- E-mail to resume@hecla-mining.com
- Mail to Human Resources, Hecla Lucky Friday, P.O. Box 31, Mullan, Idaho 83846
- Fax to Human Resources, Hecla Lucky Friday, 208.545.3327
- In person at the Idaho Department of Labor office located at 35 Wildcat Way, Kellogg, Idaho 83837

Due to the volume of applications received, applicants will only be contacted if they are selected for an interview.

We appreciate your interest in employment with Hecla Lucky Friday Mine.



HECLA LUCKY FRIDAY

P.O. Box 31, Mullan, Idaho 83846 | Tel. 208.744.1751 | Fax 208.545.3327 | www.hecla-mining.com

APPLICATION FOR EMPLOYMENT

Hecla Lucky Friday 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 status 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.

Date: _____ Position(s) Applied For: _____

PERSONAL INFORMATION

| | |
|--|---|
| Name - Last, First, Middle: | |
| Mailing Address, City, State, Zip Code: | Home Phone: |
| Physical Address, City, State, Zip Code: (If different than above). | Work Phone: |
| E-Mail Address: | Cell/Message Phone: |
| Are you 18 years of age or older? Mark one box below. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever been convicted of or entered a plea of guilty to a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide date(s) and details: | Do you currently hold ATF Possessors Clearance? Yes <input type="checkbox"/> No <input type="checkbox"/> |

GENERAL INFORMATION

| | | |
|--|---|--|
| Date Available: | Salary Requirements: | Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employment Desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> No Preference <input type="checkbox"/> | Are you available to work shift work, including evenings, graveyard, Saturdays and Sundays if required? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever been employed by Hecla Mining Company or Hecla Limited? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date(s) and location(s) of employment: | How were you referred to Hecla Lucky Friday? | |

EMPLOYMENT HISTORY

Instructions:

Account for all periods of employment and unemployment. Attach additional pages if necessary. Begin with your current or most recent employer, list all employers for whom you have worked, either full-time or part-time, since you completed your full-time education. **DO NOT WRITE "SEE RESUME"**. Include relevant employment before you completed your education. Describe periods of unemployment, giving dates and reasons on a separate sheet and attach to this application.

| | | |
|----------------------------|-------------------|---|
| Current or Last Employer: | Telephone Number: | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | | Dates Employed: From: _____ To: _____ |
| Supervisor's Name & Title: | | Starting Pay: _____ Final Pay: _____ |
| Job Duties: | | Reason for Leaving: |
| Employer: | Telephone Number: | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | | Dates Employed: From: _____ To: _____ |
| Supervisor's Name & Title: | | Starting Pay: _____ Final Pay: _____ |
| Job Duties: | | Reason for Leaving: |
| Employer: | Telephone Number: | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | | Dates Employed: From: _____ To: _____ |
| Supervisor's Name & Title: | | Starting Pay: _____ Final Pay: _____ |
| Job Duties: | | Reason for Leaving: |
| Employer: | Telephone Number: | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | | Dates Employed: From: _____ To: _____ |
| Supervisor's Name & Title: | | Starting Pay: _____ Final Pay: _____ |
| Job Duties: | | Reason for Leaving: |
| Employer: | Telephone Number: | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | | Dates Employed: From: _____ To: _____ |
| Supervisor's Name & Title: | | Starting Pay: _____ Final Pay: _____ |
| Job Duties: | | Reason for Leaving: |

EDUCATION & QUALIFICATIONS

| Name of School or Institution (list most recent first) | Location | Graduated | | Degree/Certificate Type |
|---|----------|------------------------------|-----------------------------|----------------------------|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| High School | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Special Skills, Qualifications, & Training: | | | | |
| List Equipment, Machines, and/or System Operating and/or Maintaining Skills, and Proficiency Level: | | | | |
| Military Service (Branch of Service, Highest Rank Achieved, Special Training, etc.): | | | | |

I certify that the facts and information provided on this application and attachments/supporting documents are true, correct, and complete to the best of my knowledge. I understand that any misleading or illegible information, omission, or falsification of this information will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize Hecla Lucky Friday Mine and/or their assigned representatives to verify the information set forth in this application and to obtain additional information relating to my employment background, character, and qualifications. I authorize and will provide additional authorization as requested to all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and my present and/or prior employers to supply Hecla Lucky Friday Mine and/or their assigned representatives any information concerning my employment background, character, and qualifications, and release all parties from all liability for any damage resulting from furnishing the same to Hecla Lucky Friday Mine. I understand that any offer of employment is conditioned upon the satisfactory completion of a background/reference check.

I hereby consent to a post-offer, pre-employment medical examination and inquiries, and post-offer, pre-employment drug test, and I understand that any offer of employment will be contingent upon satisfactory results of such examination of inquiries and screenings. If I accept an offer for a position that is subject to the Hecla Lucky Friday Mine Essential Functions Evaluation, I understand any offer of employment will be contingent upon passing this evaluation.

If employed, I understand, as a condition of employment, that I must provide documentation that verifies I am authorized to work in the United States of America, as required by law, within three days of my first day of employment. I understand that failure to provide this will result in immediate termination of employment.

My signature below indicates I have read, reviewed, and agree with the information provided in this application, and I agree to the statements above.

Applicant Signature

Date

Applicant Printed Name