

APPLICATION FOR EMPLOYMENT

American Paper & Twine Company
7400 Cockrill Bend Blvd.
Nashville, Tennessee 37209
An Equal Opportunity Employer

This application must be filled out in ink and in your own handwriting. Please print the answer to each question, except for the signature on back of application.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When can you begin work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

List last two previous addresses: _____
Street City State Zip Code Dates

Street City State Zip Code Dates

In case of emergency, please notify: _____
Name Number Relationship

Have you ever worked under any other name? Yes No If yes, what name? _____

Are you presently employed? Yes No May we contact your present employer? Yes No

Have you ever been convicted of any crime, excluding misdemeanor offenses? A conviction will not automatically disqualify you for being considered as a candidate for employment. Yes No

If you answered yes above, please include date, sentence, city and state.

Date Crime Sentence City State

Date Crime Sentence City State

For Driver Applicants Only:

Do you have a valid Driver's License? Yes No If Yes, license number and state? _____

Do you have a Commercial Driver's License? Yes No If Yes, license number and state? _____

List any traffic offenses in last 5 years:

Date Offense City, State

Date Offense City, State

LIST NAME, CITY AND STATE OF SCHOOLS/MILITARY ATTENDED:

Number Yrs.
Completed

Diploma/
Degree

Year
Graduated

High School or GED: _____

College or University: _____

Graduate School: _____

Vocational or Technical: _____

Additional Skills, Training, Continuing Education Classes, Machinery or Equipment Operated? _____

US Armed Services? Yes No _____

Branch

Service Number

Dates

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American Paper & Twine Company
7400 Cockrill Bend Blvd.
Nashville, TN 37209
AN EQUAL OPPORTUNITY EMPLOYER

List the names of employers in consecutive order with present or most recent employer first. Complete each section and account for all periods of time, including military service and any periods of unemployment.

Name of Employer	Address	City	State	Zip Code	Phone
Job Title/Duties		Dates of Employment (Month/Year):		From	To
Direct Supervisor	Pay:Starting	Pay:Ending	Reason for Leaving		

Name of Employer	Address	City	State	Zip Code	Phone
Job Title/Duties		Dates of Employment (Month/Year):		From	To
Direct Supervisor	Pay:Starting	Pay:Ending	Reason for Leaving		

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Name of Employer	Address	City	State	Zip Code	Phone
Job Title/Duties		Dates of Employment (Month/Year):		From	To
Direct Supervisor	Pay:Starting	Pay:Ending	Reason for Leaving		

ACKNOWLEDGEMENT

Please read each statement carefully before signing.

It is the policy of American Paper & Twine Company to consider all applicants for all positions without regard to: race, religion, color, sex, marital or veteran status, age, national origin, qualified disability or any other protected status. This policy applies to all employment practices. All employment and promotional decisions are made on this basis of merit, qualifications, and competence.

I, the undersigned certify that all information provided in this employment application is true and complete. I understand that any false statement 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 I may be required to successfully pass a drug-screening examination as a condition of my pre-employment. Additionally, if offered a position, I understand that it is contingent upon the successful completion of a physical examination. I also agree that if hired, I may be required to pass a drug and alcohol examination as a condition of my continued employment.

I agree and understand that if hired, I will serve a ninety-day introductory period. Any time during this period I can be discharged without recourse. I also understand that my employment will be an employment-at-will relationship, in that either I or American Paper & Twine may terminate the relationship at any time, for any reason, with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature

Date

EMPLOYMENT BACKGROUND AUTHORIZATON

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions. State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. Military National Personnel Record Center. Educational institutions to include transcripts. Any individual, company, firm corporation, present and/or past employers or public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that American Paper and /or their agent Gall & Gall Company, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and workers' compensation information will be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota/California applicants only. If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.

V. I hereby authorize, without reservation, any one contacted by American Paper and /or their agent Gall & Gall Company, Inc., to furnish the information described in Section 1.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number

Date of Birth

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of or plead guilty to a crime? No Yes (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If yes, please explain:

FAIR CREDIT REPORTING ACT, DRIVER'S LICENSE PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Diver's Protection Act, and any applicable state statue(s).

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned applicant, do hereby authorize American Paper & Twine Company ("APT"), by and through its independent contractor, Gall & Gall Company, Inc., to procure a consumer report, and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to: employment and education verifications; personal references; personal interviews; driving history, including any traffic citations; social security number verification; present and former addresses; criminal and civil history/records; any other public record; any other information bearing on my character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to Gall & Gall Company, Inc. that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to APT, by and through Gall & Gall Company, Inc., including, but not limited to, any courthouse, any public agency, or any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release APT, Gall & Gall Company, Inc. and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Print Name:	First	Middle	Last
Signature			Date
Street Address/P.O. Box			
City	State	Zip Code	Country
Daytime Telephone Number		Social Security Number	
Driver's License Number		State of Issuance	

FAIR CREDIT REPORTING ACT DISCLOSURE

American Paper & Twine may wish to obtain a “consumer report” from a “consumer reporting agency” when:

- A: considering your application for employment;
- B: deciding whether to continue your employment; or
- C: making other employment-related decisions that directly affect you.

In this case, American Paper & Twine seeks your consent to obtain a consumer report because:

A B C

The terms “consumer,” “consumer reporting agency,” and “consumer report” are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. Under the FCRA, you are a “consumer.”

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers to furnish “consumer reports” to others, such as American Paper & Twine.

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If American Paper & Twine obtains a “consumer report” about you, and if it considers any information in the report when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” and a summary of your rights under the FCRA before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA.

Before American Paper & Twine can obtain a “consumer report” about you; you must give your consent in writing. After you have read this page completely, please turn to the next page, which allows you to give your consent.

Signature of Applicant

Date

By signing above you acknowledge that you received a copy of this letter

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I _____,
acknowledge that I have read the attached document, entitled “Fair Credit Reporting Act Disclosure.” I hereby voluntarily authorize American Paper & Twine Company (APT) and/or any representative or agent of APT to obtain a “consumer report” about me from a “consumer reporting agency” and APT to consider the report when making decisions regarding my employment at APT. I understand that I have rights under FCRA, including the rights discussed in the attached “Fair Credit Reporting Act Disclosure.”

Applicant

Date

Applicant

Date