

LINCOLN PAPER and TISSUE, LLC

Equal Opportunity Employer

Revised 9/15/08

Application for Position As PRODUCTION

It is the policy of Lincoln Paper and Tissue, LLC to employ without regard to race, color, religion, sex, sexual orientation, disability, age, national origin or service in the armed forces of the United States and to affirmatively seek to advance the principles of equal employment opportunity. No question on this application is intended to secure information to be used for such discrimination.

Lincoln Paper and Tissue, LLC has adopted a pre-employment drug testing policy by the State of Maine. An applicant will be asked to submit to a physical and drug test upon a conditional offer of employment.

Last Name	First	MI	Social Security No.	Date:
Home Address	City	State	Zip Code	Tele #

Are you 18 Years of Age or Older	Yes	No
(The Law Prohibits Discrimination because of Age)		
If hired, on what date will you be available to start work?		

Are you able to perform all the essential functions of the job applied for, with or without reasonable accommodations?	Yes	No
If you are able to perform any of the essential functions of the job only with an accommodation, please describe how you would perform these functions.		
Are you a U.S. citizen or do you have permission from Immigration and Naturalization Services to work in the United States in the job for which you are applying?	Yes	No

EMPLOYMENT and MILITARY EXPERIENCE (List Last Job First)

1. Name / Address of Organization:
Position Held:
Name and Title of Supervisor:
Period of Employment (Show Month/Year): From: To:
Starting Salary: Leaving Salary:
Reason for Leaving:
Description of Position and Duties:
2. Name / Address of Organization:
Position Held:
Name and Title of Supervisor:
Period of Employment (Show Month/Year): From: To:
Starting Salary: Leaving Salary:
Reason for Leaving:
Description of Position and Duties:
3. Name / Address of Organization:
Position Held:
Name and Title of Supervisor:
Period of Employment (Show Month/Year): From: To:
Starting Salary: Leaving Salary:
Reason for Leaving:
Description of Position and Duties:
4. Name / Address of Organization:
Position Held:
Name and Title of Supervisor:
Period of Employment (Show Month/Year): From: To:
Starting Salary: Leaving Salary:
Reason for Leaving:
Description of Position and Duties:

EMPLOYMENT DATA ON ANY ADDITIONAL JOBS (Not listed on previous page)

EDUCATION

Name/Address	Degree Received	Major Field	Grade Point Ave.
High School:			
College:			
Technical School:			
Special Training / Classes not shown above:			

REFERENCES

1. Name:	Company:
Position:	Telephone #:
2. Name:	Company:
Position:	Telephone #:
3. Name:	Company:
Position:	Telephone #:

Have you ever been convicted, pled guilty or pled Nolo (no contest) of a crime? _____

Please give explanation:

Are there any criminal proceedings presently pending against you? _____

APPLICANT'S CERTIFICATION

I certify that:

- The information provided by me in this Application for Employment and during the hiring process is true, correct, and complete. If employed, any misstatement or omission of fact on this Application or during the hiring process will result in my dismissal.
- I recognize that all appointments to positions at Lincoln Paper and Tissue, LLC are to be on a trial basis. If, at the end of the trial period, or sooner, it is determined that an employee has not adapted to the work, his or her employment will be terminated.
- I authorize Lincoln Paper and Tissue to communicate with, request and obtain information from my prior and current employers, school officials, government agencies and persons named as references. These communications and requests may include (but not be limited to) information about my employment performance and history; my skills, character and responsibility; any criminal record I may have; and the statements I have made in this Application, on my resume, and during the hiring process. I hereby voluntarily release from liability for any damages or injury, which may result to me because Lincoln Paper and Tissue and its representatives seek and obtain such information. I also voluntarily release from liability for any damage or injury, which may result to me, any and all other persons, corporations or organizations who furnish such information.
- I understand that this is an application for a Production or Maintenance position at Lincoln Paper and Tissue. It will be active for twelve (12) months or until Lincoln Paper and Tissue begins another application/hiring process, whichever occurs first. When an application is not active, a new application must be submitted in order to be considered for Production or Maintenance vacancies.

Date

Signature of Applicant

How did you hear about position?

Radio: _____ If yes, which station: _____

Newspaper: _____ If yes, which newspaper: _____

Internet: _____ If yes, which website: _____

Referred by another person: _____ If yes, who? _____

Other source (please list): _____