



APPLICATION FOR EMPLOYMENT

St Croix Tissue INC. is Equal Opportunity Employer. We comply with all Federal, State, and Local laws prohibiting discrimination in employment. Please send all applications to the SCT HR Manager at scthr@igic.com. HR can be reached via phone at (207) 427-4081 or (207) 904-7372.

PLEASE PRINT

Date: _____

Last Name	First	Middle
Street	City	Home Telephone
State	Zip Code	()
County		Alternate Telephone
If using PO Box, please indicate street address		()

Work Availability (Check all that apply) Full-time Part-time Intern/Summer

Date available to start: _____ Are you willing to work any shift? Yes No

If no, please explain _____

Position Apply For: _____ Earnings Expected: _____

Who referred you to us? Newspaper Ad _____ Internet _____ Agency _____ Friend _____ Other _____

If you were referred by a St Croix Tissue INC associate, please indicate name _____

EDUCATION:

High School Name: _____ City / State _____

Did you receive: Diploma GED Highest grade completed: 9th 10th 11th 12th

COLLEGE OR TECHNICAL SCHOOL		ATTENDED		MAJOR	MINOR	GPA	DEGREE	CREDIT HOURS
		FROM	TO					
NAME	ADDRESS	MO/YR	MO/YR					

SECURITY INFORMATION:

Are you presently authorized to work in the United States on an unrestricted basis? _____

Have you ever been convicted of a misdemeanor or felony? No Yes
 (include any guilty pleas or pleas of no contest)

(If yes, please describe conviction(s) and date(s)) _____

MILITARY SERVICE:

Military Status: Active Duty Dates From: _____ To: _____

Branch of Service: _____ Duties: _____

Are you a member of a reserve organization? _____

WORK EXPERIENCE:

Please list each position held in order, from most recent / current to least recent.

May we contact your current employer? Yes No

Explain any periods of unemployment: _____

Name of Employer	Nature of Work
Address	
City State Zip	
Phone () Immediate Supervisor's Name	
Position Held	Reason(s) for Leaving
Dates of Employment From: _____ To: _____ Final Compensation	
Name of Employer	Nature of Work
Address	
City State Zip	
Phone () Immediate Supervisor's Name	
Position Held	Reason(s) for Leaving
Dates of Employment From: _____ To: _____ Final Compensation	
Name of Employer	Nature of Work
Address	
City State Zip	
Phone () Immediate Supervisor's Name	
Position Held	Reason(s) for Leaving
Dates of Employment From: _____ To: _____ Final Compensation	

REFERENCES:Please Provide **Three Business** References.

NAME	ADDRESS	TELEPHONE

SKILLS: PLEASE LIST YOUR COMPETENCIES / SKILLS AND EXPERIENCE AS THEY RELATE TO THE FOLLOWING CATEGORIES.

SKILLED TRADES, i.e., ELECT. / HVAC / MECH., etc.: _____

PRODUCTION, WAREHOUSEING, etc.: _____

MAINTENANCE / CUSTODIAL, etc.: _____

OTHER (i.e., COMPUTER, ADMINISTRATIVE, FINANCE, TRAINING): _____

OTHER:

Have you ever worked for St Croix Tissue INC or any of its subsidiaries? Yes No

Do you have any relatives who work at St Croix Tissue INC? Yes No

Name(s), relationship(s) _____

PLEASE READ CAREFULLY

I certify that all the information given in this application has been carefully completed and is correct to the best of my knowledge and belief. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSION OF FACTS CALLED FOR HEREIN WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR ANY EMPLOYMENT OR OF ANY OFFER OF EMPLOYMENT OR FOR TERMINATION OF MY CONTINUED EMPLOYMENT WHENEVER SUCH FACTS ARE DISCOVERED.

All job offers are contingent upon the applicant completing a physical and passing a drug screen. DO NOT terminate your current employment until you have been notified of the results of your St Croix Tissue INC physical and drug screen.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, credit bureaus, law enforcement agencies, government agencies and other organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I hereby release such persons and organizations from any legal liability for furnishing such information and in making such statements. I understand that I have a right to request disclosure of the nature, scope, and results of such inquiries.

Pursuant to the Immigration Reform and Control Act, I understand that I will be required, prior to hire, to present documentation to verify that I am a U.S. citizen or an alien lawfully authorized to work in the United States.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT BY ST CROIX TISSUE INC DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

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

Signature

Date

