



Buckeye International, Inc.

APPLICATION FOR EMPLOYMENT

Applicants for all positions are considered without regard to race, color, religion, national origin, creed, gender, age, disability, marital or veteran status, or any other legally protected status. Applicants may request any needed accommodation to participate in the application process.

PLEASE PRINT AND COMPLETE ALL PAGES OF THIS FORM.

Today's Date: _____

Name	_____				
	Last	First	Middle		
Address	_____				
	Street	Apt. No.	City	State	Zip
Phone No.		Alternate Phone No.		E-mail Address	

How long have you been at this address?					
Last previous address _____					
	Street	Apt. No.	City	State	Zip
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			Date available to start work?		
Have you ever applied with this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?					
If hired, can you provide documentation that you are legally eligible to work in the United States?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of or are there any felony charges pending against you? <i>(A record of conviction will not automatically disqualify an applicant from employment consideration.)</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe in full:					
Which languages do you speak and write fluently?					

For Driving Positions Only		
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		
State	I.D. No.	Expiration Date

Position Desired	_____
Please state briefly why you are applying for this position.	

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Date Graduated	Diploma/Degree
High School					
College: Undergraduate					
Graduate					
Other (Please specify)					

Please list and describe any scholastic honors and extracurricular activities in school, including offices held.

List hobbies, recreational interests and special skills.

List professional, trade, business or civic activities and offices held. *(Please exclude membership that would indicate race, color, national or ethnic origin, religion, gender, age, disability or other protected status.)*

Describe any special qualifications, training, licenses, education, skills or experience you feel warrant consideration by the Company.

List any computer software and/or business equipment operating abilities you have which might be useful on the job for which you are applying.

MILITARY SERVICE

Were you in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO		Length of Service	
		From	To
Branch			
Rank at Discharge	Type of Work or Assignment		
Describe any specialized or job-related training received in the United States military.			

EMPLOYMENT HISTORY

Please start with your present or most recent position. Include all jobs since high school and any military service assignments. Please use separate sheet of paper if necessary.

Employer	<u>Dates Employed</u> From To		Describe Your Duties & Responsibilities
Address			
Phone Number(s)	<u>Salary</u> Starting Final		
Supervisor			
Starting/Present Job Title			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u> From To		Describe Your Duties & Responsibilities
Address			
Phone Number(s)	<u>Salary</u> Starting Final		
Supervisor			
Starting/Present Job Title			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u> From To		Describe Your Duties & Responsibilities
Address			
Phone Number(s)	<u>Salary</u> Starting Final		
Supervisor			
Starting/Present Job Title			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u> From To		Describe Your Duties & Responsibilities
Address			
Phone Number(s)	<u>Salary</u> Starting Final		
Supervisor			
Starting/Present Job Title			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u> From To		Describe Your Duties & Responsibilities
Address			
Phone Number(s)	<u>Salary</u> Starting Final		
Supervisor			
Starting/Present Job Title			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES

A professional reference is defined as a present or past supervisor, coworker, or anyone who has been in a position to evaluate your work. <u>Do NOT list family members or friends.</u>			
Name	Phone No.	Occupation	How Acquainted
1.	Work		
	Home		
2.	Work		
	Home		
3.	Work		
	Home		

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

I understand that Buckeye International (hereinafter "Company") requires certain information about me to evaluate my qualifications for employment and to conduct its business, if I become an employee. I authorize all previous and current employers, schools, law enforcement agencies, credit reporting agencies, and other references to furnish Buckeye International and/or its representatives, any and all information about me whether or not such information is part of their records. I release the Company and its representatives, as well as any person or organization to whom such inquiry is directed, from any and all liability and damages arising from such investigation.

I am aware that a consumer report and/or investigative consumer report may be requested in connection with my application for employment. I give my consent if such a report is requested and understand that the Fair Credit Reporting Act entitles me to notification if I am denied employment based on information obtained in the report.

In consideration of my potential employment, I agree to comply with all policies, procedures, rules, and regulations of the Company. I understand that if employed, my employment is not governed by any written or oral contract and is considered an "at will" arrangement, which means that my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. I understand that while personnel policies, programs and procedures may of necessity change from time to time; such "at will" status is not subject to change. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless the President of the Company specifically acknowledges such change in writing.

In further consideration of my potential employment, I agree I will never during or after employment at this Company reveal to any person any proprietary information, confidential matters or trade secrets of the Company.

The Company requires that employees in certain designated positions enter into agreement not to compete with the Company during employment or for a time following employment. I understand that in consideration of employment by the Company, I may be required to execute such agreement NOT to compete. I also understand that failure to execute such agreement may result in my immediate dismissal.

I understand that employment will be contingent upon satisfactorily passing a pre-employment drug screening, as well as a pre-employment physical examination designed to ascertain my suitability for employment and/or the job(s) for which I am being considered.

I also understand that the Company maintains a drug-free workforce and that illegal use of drugs and alcohol is prohibited.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

Benefits, rules, and policies of the Company may be changed, modified, eliminated or added at any time at the Company's sole discretion and without prior notice.

If an offer of employment is made, I will provide proof of my right to work as required by the "Immigration Reform Act of 1986".

I understand that this application will remain active for 90 days. After that time, it must be renewed for reconsideration of employment.

By signing this application for employment, I certify that I have read and understand all parts of it and certify that all of the statements on this document are true and complete to the best of my knowledge. I understand that falsification, omission or misrepresentation of any material fact given herein or on any other employment form may result in refusal of employment or immediate dismissal from subsequent employment, regardless of when such falsification may be discovered.

Applicant's Signature		Date	
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**DISCLOSURE TO APPLICANT &
CONSENT TO REQUEST
CONSUMER REPORT INFORMATION**

I understand that Buckeye International, Inc. will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, Buckeye International, Inc. may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand that the consumer reporting agency investigation may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit background, driving records, mode of living, judgment, liens and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Buckeye International, Inc. within two (2) days of my receipt of the report. If I notify Buckeye International, Inc. within two (2) days of the receipt of the report that I am challenging information in the report, Buckeye International, Inc. will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Buckeye International, Inc. to procure a report on my background as stated above from a consumer reporting agency.

Applicant's Signature		Date	
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Griffin Personnel Group

Human Resources & Labor Relations Consulting

THIS PAGE CONTAINS SENSITIVE INFORMATION, KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

- I. In connection with my application for employment, I understand that a thorough background check may be requested, involving information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I further understand information may be requested from public and private sources about my: worker's compensation injuries, driving record, criminal record, education, previous employment, and salary history. These reports may be obtained, if you are hired, throughout the period of your employment
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. **Minnesota & Oklahoma** applicants only. If you would like a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address listed on this form.
- V. **California** applicants only. If you would like a copy of the report(s) ordered, check this box . A copy of your credit report may be obtained during the course of this investigation. If your credit information is obtained and you would like a copy of that report, check this box . All information will be sent by the reporting agency to you at the address listed on this form.
- VI. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by GPG to furnish the information described in Section I.
- VII. **New York applicants.** I understand that Griffin Personnel Group may be requested to provide a consumer report to my potential employer and that I may inspect or request a copy of that report at the address shown below on this form.

RELEASE OF INFORMATION APPLICANT COMPLETE THE FOLLOWING

Today's Date

Signature

Please print your full name

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

Please print other last names you have used

Home address

City State Zip

Social Security Number

Date of Birth

Drivers License Number

Name as it appears on license

State issuing License

Sex: M F

Race: Asian Black Hispanic White Other

**FOR OFFICE USE ONLY
IF REQUIRED, NOTARIZE HERE**

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

