



Atlantic Veneer Corp.
 AV Plywood
 Balti Shpon 000
 Balti Spoon OÜ
 K.Heinz Möhring GmbH & Co KG
 Moehring Polska Sp. z o.o

P.O. Box 660, 2457 Lennoxville Road Beaufort NC 28516

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PRE-EMPLOYMENT DRUG TEST IS REQUIRED BEFORE HIRING

PERSONAL INFORMATION _____ **DATE** _____

NAME _____ **SOCIAL SECURITY NUMBER** _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NO. _____ **Are you 18 years old or older?** Yes No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED NOW? _____ **IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ **WHERE?** _____ **WHEN?** _____

REFERRED BY _____

EDUCATION	NAME & LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ **RANK** _____ **PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES** _____

*The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE. I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS OF THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

THE EMPLOYEE AND ATLANTIC VENEER INC. EACH AGREE TO ARBITRATE ALL DISPUTES ARISING OUT OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO, ANY CLAIM OF DISCRIMINATION, SEXUAL HARASSMENT, RETALIATION, OR WRONGFUL DISCHARGE WHETHER ARISING UNDER FEDERAL OR STATE LAW. ARBITRATION SHALL TAKE PLACE IN THE CITY OF BEAUFORT STATE OF NORTH CAROLINA, PURSUANT TO THE COMMERCIAL ARBITRATION RULES THEN IN EFFECT OF THE AMERICAN ARBITRATION ASSOCIATION. THE EXPENSES OF THE ARBITRATION SHALL BE BORNE EQUALLY BY THE PARTIES TO THE ARBITRATION.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: YES NO _____ POSITION _____ DEPT _____

SALARY WAGE _____ DATE REPORTING TO WORK _____

APPROVED _____

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION.

ATLANTIC VENEER CORPORATION

BLOOD ALCOHOL AND DRUG PROGRAM

I fully understand it is the policy of ATLANTIC VENEER CORPORATION, Incorporated to execute an active alcohol and drug testing program, which includes marijuana and other controlled, illegal, substances as part of its overall safety program. I agree that at such time or times during my employment as the company may require, I will consent to and undergo blood tests, urinalysis and/or other tests and I will execute all forms and releases of liability as are usually and reasonable attendant to such examinations.

I agree that, should I become injured or otherwise impaired to preclude cooperation with such testing, my approval of these tests is pre-approved by this document.

I agree to the release of the results of any such examination to ATLANTIC VENEER CORPORATION, Inc its employees, its agents and law enforcement officials.

I understand it is my responsibility to advise the person administering the testing of the taking of any prescribed or over-the-counter medication.

I agree I will not hold ATLANTIC VENEER CORPORATION, its officials, its employees or its Workers Compensation Insurance carrier liable for any actions or findings associated with testing under the company's drug testing program.

Signature

Social Security Number

Date